$_{2019}\, \boldsymbol{2949131304213}$

Form 990-PF

EXTENDED TO NOVEMBER .15, 2
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information

	FOL	caler	idar year 2018 or tax year beginning			, and ei	<u>raing</u>		
	Nai	ne of	foundation					A Employer identification number	
	KENTUCKY SOCIAL WELFARE FOUNDATION								
	C/O CHARLES MERCER, PNC INVEST GRP						61-603426	4	
		Number and street (or P O box number if mail is not delivered to street address) Room/suite						B Telephone number	
					_FLOOR			(502)581-	5234
	-		own, state or province, country, and ZIP or foreign	oostal	code			C If exemption application is	pending, check here
	_ <u>L</u>	OU	ISVILLE, KY 40202					_	
	G	Check	call that apply:	Ļ	Initial return of a fo	ormer public c	harity	D 1. Foreign organization	ns, check here
			Final return	Ļ	Amended return			2 Foreign organizations n	neeting the 85% test
			Address change		Name change		0.1	2 Foreign organizations n check here and attach of	computation
	H	_	type of organization: X Section 501(c)(3) e				Δ	E If private foundation st	
	<u>L</u>		ction 4947(a)(1) nonexempt charitable trust		taxable private founda		July 1	under section 507(b)(1)(A), check here
			arket value of all assets at end of year J Account	-		Accr	ual •	F If the foundation is in a	
	-				specify)	- \		under section 507(b)(1)(B), check here
	_	- \$		Τ÷) must be on cash basi				T (4)
	Pa	art I	(The total of amounts in columns (b), (c), and (d) may not		(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for charitable purposes
\			necessarily equal the amounts in column (a))	 '		11100			(cash basis only)
7\1\	L	1	Contributions, gifts, grants, etc., received		103,916.			N/A	
X		2	Check It the foundation is not required to attach Sch. B Interest on savings and temporary cash investments					 	+
_ ,		3		<u> </u>	43,097.	<u> </u>	3,097.		STATEMENT 1
		4	Dividends and interest from securities Gross rents	-	43,097.		3,037.		STATEMENT I
				-					 - · · · · · · · · · · · · · · · · · ·
		l _	Net rental income or (loss)	1	78,962.				
	ne	Oa h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 278,474.		10,902.				
ത	Revenue	7 7	assets on line 6a 270, 474. Capital gain net income (from Part IV, line 2)			7	8,962.		
2019	Re	8	Net short-term capital gain			,	0,702.		
83		9	Income modifications	 					-
_		10a	Gross sales less returns		-				
ပ			Less Cost of goods old	-0					
DEC				S					
		11	Gross profit or (lossed NOV 0 4 2019	S-C	348.		348.		STATEMENT 2
Ш		12	Total Add lines 1 through 11	13	226,323.	12	2,407.		
SCANNED		13	Compensation of officers, director Carlos N. UT		0.		0.		0.
Ā		14	Other employee salanes and wages	lacktriangledown					
ပ္က		15	Pension plans, employee benefits						
-	ses	16a	Legal fees						
Ę	tpens	Ь	Accounting fees STMT 3		7,400.		3,700.		3,700.
NOV 4 7 2010	¹ <u>™</u>	C	Other professional fees STMT 4		20,590.	1	5,590.		5,000.
•	- <u>ĕ</u>	17	Interest						
≥	Operating and Administrative	18	Taxes						
2	nis	19	Depreciation and depletion						<u>-</u>
_	필	20	Occupancy						
- S	Š	21	Travel, conferences, and meetings		7,607.		1,521.		6,086.
Received in	ağ.	22	Printing and publications						
8 3	ğ	23	Other expenses STMT 5		25.		0.	,	25.
æ	i i	24	Total operating and administrative		25 600	^	0 011		14 011
8	, a		expenses Add lines 13 through 23	-	35,622.	2	<u>0,811.</u>		14,811. 195,482.
	Ū		Contributions, gifts, grants paid	-	195,482.				195,482.
		26	Total expenses and disbursements		001 104	•	0 011		210 202
	_	-	Add lines 24 and 25	\vdash	231,104.	2	<u>0,811.</u>		210,293.
		i	Subtract line 26 from line 12.		-4 701	_			
		l	Excess of revenue over expenses and disbursements	<u></u>	<4,781.	<u>></u>	1 FOC	<u> </u>	
		İ	Net investment income (if negative, enter -0-)	-		Τ0.	1,596.	NT / 7	
			Adjusted net income (if negative, enter -0-)			.=		N/A	1. Form 000 DE (00:0)
	8235	01 12	2-11-18 LHA For Paperwork Reduction Act Notice	e, se	: mstructions.	1		62	4 Form 990-PF (2018)
						_		_	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30					
	(must agree with end-of-year figure reported on prior year's return)				1	2,149,502.
2	Enter amount from Part I, line 27a				2	<4,781.>
3	Other increases not included in line 2 (itemize)	_			3	0.
4	Add lines 1, 2, and 3				4	2,144,721.
5	Decreases not included in line 2 (itemize)	SEE	STATEMENT	6_	5	210,830.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	ın (b), line 30			6	1,933,891.

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C/O CHARLES MERCER, PNC INVEST GRP

	ist and describe the k	cind(s) of property sold (for exa ouse; or common stock, 200 sh	mple, real esta		(b) H	ow acquired Purchase Donation	(c)	Date acquired mo., day, yr)	(d) Date sold (mo , day, yr)
1a SEE ATT	ACHED					P			
	GAINŞ DI	VIDENDS							
C					<u> </u>				
d					<u> </u>				
е		(f) Depreciation allowed	(a) Co	et er ether basic	┸			(h) Gain or (los	
(e) Gross sal	les price	(or allowable)		st or other basis expense of sale			((e) plus (f) minus	
a 2	53,867.	· · · · · · · · · · · · · · · · · · ·	·	199,51	2.				54.355
	24,607.						-		54,355 24,607
C									•
d									
<u>e</u>									
Complete only to	or assets showing ga	in in column (h) and owned by	1		\dashv			ains (Col. (h) gaii), but not less tha	
(i) FMV as of	12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	cess of col (i)			L	osses (from col	(h))
a				(),	+				54.355.
b									54,355 24,607
C									***
d									
е		· · · · · · · · · · · · · · · · · · ·							
2 Capital gain net ir	ncome or (net capital	loss) { If gain, also enter of the loss of	r ın Part I, line - ın Part I, line	7 7	}	2			78,962
3 Net short-term ca	apital gain or (loss) as	s defined in sections 1222(5) ar	nd (6) [.]		$\langle \cdot $				
- ·	ın Part I, line 8, colu	mn (c).			}			NT / 7	
If (loss), enter -0-	- in Part I, line 8	er Section 4940(e) for	Reducer	Tay on Net	Inve	stment	Incor	N/A	<i>¥</i>
L I		ndations subject to the section							
			15 10(4) 142 01	i not mivestment ii	1001110.	,			
If section 4940(d)(2)) applies, leave this pa	art blank							
		4942 tax on the distributable an			rıod?				Yes X No
		der section 4940(e). Do not cor							
1 Enter the approp	(a)	column for each year; see the II	nstructions be	tore making any e					(4)
Base p	eriód years	(b) Adjusted qualifying dis	tributions	Net value of no	(c) onchari	able-use as:	sets	Distri	(d) bution ratio
	tax year beginning in 017	/	6,744.			028,1		(601. (0) 01	vided by col (c)) • 067422
	016		0,800.			837,9			.087488
	015		3,943.			869,5		······	.076993
-	014		0,771.			833,6			.049504
2	013	8	5,391.		1,	625,1	96.		.052542
								İ	22224
2 Total of line 1, co							}	2	.333949
		ar base period - divide the total	on line 2 by 5.	0, or by the numb	er of ye	ears			.066790
the foundation ha	as been in existence i	riess than 5 years					}	3	.000/30
A Enter the net valu	ie of noncharitable-us	se assets for 2018 from Part X,	line 5					4	2,116,307
4 Litter the net valu	ic of noncharitable at	30 033013 101 20 10 11 0111 1 011 1,					ŀ	1	2/110/50/
5 Multiply line 4 by	line 3		•					5	141,348
							ſ		<u> </u>
6 Enter 1% of net ii	nvestment income (1	% of Part I, line 27b)					L	6	1 016
									1,010
7 Add lines 5 and 6									
	3							7	
									142,364.
8 Enter qualifying d	distributions from Par							7 8	142,364.
8 Enter qualifying d	distributions from Par o or greater than line	rt XII, line 4 7, check the box in Part VI, line	1b, and comp	olete that part usin	ng a 1%	tax rate.			1,016. 142,364. 210,293.

KENTUCKY SOCIAL WELFARE FOUNDATION Form 990-PF (2018) C/O CHARLES MERCER, PNC INVEST GRP Page 4 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a, Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1 (attach copy of letter if necessary-see instructions) Date of ruling or determination letter. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1% 1,016. 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 3 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 1,016 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-5 6 Credits/Payments: 4,235 a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 4,235. 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 0. 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 3,219. Refunded ▶ Enter the amount of line 10 to be: Credited to 2019 estimated tax 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? Х 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers ► \$ ____ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. KY b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

8b

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of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

C/O CHARLES MERCER, PNC INVEST GRP 61-6034264 Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions Х 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 X If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► HTTPS://KSWF.ORG 14 The books are in care of ► CHARLES MERCER C/O PNC INST INVST G Telephone no ► (502) 581-5234 Located at ▶ 101 SOUTH FIFTH STREET, 37TH FLOOR, LOUISVILLE, K ZIP+4 ▶ 40202 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 Yes No 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year, did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 1b Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2018? 1¢ 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5)): a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2018? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A Form 4720, to determine if the foundation had excess business holdings in 2018.) 3ь

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4a

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

2 Compensation of five highest-paid employees (other than those	included on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	_			
		-		
	4			
Total number of other employees paid over \$50,000		1		0
			Form	990-PF (2018)

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Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	•	
	. .	
7		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶ 0</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2	Amount
1 N/A		
·		
		<u> </u>
2		
All other program-related investments. See instructions	·	
3		
T. A. J. Add base 4 Absorbed O		
Total. Add lines 1 through 3	>	0 . Form 990-PF (2018)
		101111 JJU-FT (2010)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	2,081,625.
Ь	Average of monthly cash balances	1b	2,081,625. 66,910.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,148,535.
е	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,148,535.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,228.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,116,307.
6	Minimum investment return Enter 5% of line 5	6	105,815.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	105,815.
2a	Tax on investment income for 2018 from Part VI, line 5		•
Ь	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,016.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	104,799.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	104,799.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	104,799.
	art XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	210,293.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	210,293.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		, - , - , - , -
-	income Enter 1% of Part I, line 27b	5	1,016.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	209,277.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	•
	4940(e) reduction of tax in those years.	-	

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Part XIII Undistributed Income (s	ee instructions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				104,799.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:				
· _ · _ · _ ·		0.		
3 Excess distributions carryover, if any, to 2018.				
a From 2013 6,694.				
b From 2014 4,322.				
c From 2015 51,834.				
d From 2016 69,580.				
e From 2017 36,403.	1.00 0.00			
f Total of lines 3a through e	168,833.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 210, 293.			0.	
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				104,799.
e Remaining amount distributed out of corpus	105,494.			104,700.
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	274,327.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	·			
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line		-		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	6,694.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	267,633.			
10 Analysis of line 9:				
a Excess from 2014 4,322.				
b Excess from 2015 51,834.				
c Excess from 2016 69,580.				
d Excess from 2017 36, 403.				
e Excess from 2018 105, 494.				

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018) C/O CHARLES MERCER, PNC INVEST GRP
Supplementary Information (continued)

Part XV Supplementary Information			-	
3 Grants and Contributions Paid During the		Payment		
Recipient Name of hyspecol	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CABBAGE PATCH SETTLEMENT HOUSE, INC	NONE		COLLEGE SCHOLARS	
1413 S. 6TH STREET			PROGRAM EXPANSION	
LOUISVILLE, KY 40208				20,000
CENTER FOR COURAGEOUS KIDS	NONE		2018 CAMP EXPERIENCE FOR KENTUCKIANS	
SCOTTSVILLE KY 42164			FOR RENTOCKTANS	25,000
SCOTISVIBLE, AT 42104				20 1.000
HINDMAN SETTLEMENT SCHOOL	NONE		PROGRAM EXPENSES	
РО ВОХ 844				
HINDMAN, KY 41822				15,000
LIGHTHOUSE PROMISE, INC	NONE		RESTROOM REMODEL	
5312 SHEPHERDSVILLE ROAD				
LOUISVILLE, KY 40228				7,271
REDWOOD SCHOOL AND REHABILITATION	NONE		PARTIAL SCHOLARSHIPS	
CENTER			FOR EARLY CARD AND	
71 ORPHANAGE ROAD FORT MITCHELL, KY 41017			EDUCATION PROGRAM	5.000
	NTINUATION SHEE	T(S)	▶ 3a	195 482
b Approved for future payment				•
•				
NONE				
	•			
				
	•			
Total			▶ 3b	0 m 990-PF (2018

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient PURCHASE SUPPLIES FOR ST. JOHN CENTER FOR HOMELESS MEN NONE 700 EAST MUHAMMAD ALI BVLD CENTERS EMERGENCY DAY 2,500. SHELTER LOUISVILLE, KY 40202 NONE TRANQUILITY GARDEN COVINGTON LADIES HOME 702 GARRARD STREET PROGRAM COVINGTON KY 41011 20,000. THE CLEVELAND HOME NONE PROGRAM EXPANSION 570 MILNER ROAD VERSAILLES KY 40383 14,906. ISAIAH HOUSE NONE COMMUNITY RE-ENTRY EMPLOYMENT PROGRAM 2084 MAIN STREET WILLISBURG KY 40078 5,000. EXPANSION OF YOUTH HANDS HEALING HEARTS NONE PROGRAM FOR CHILDREN 612 SHELBY STREET OF DRUG COURT FRANKFORT, KY 40601 PARTICIPANTS 23,000. BUNK BEDS NONE WESTCARE KENTUCKY, INC 173 REDALE ROAD PIKEVILLE, KY 41501 15,305, PROGRAM EXPANSION COMMONWEALTH THEATRE CENTER, INC. NONE 1123 PAYNE STREET LOUISVILLE, KY 40204 10,000. SPECIAL OLYMPICS OF KENTUCKY NONE PROGRAM EXPANSION 1230 LIBERTY BANK LANE, STE 140 5,000. LOUISVILLE, KY 40222 NONE PROGRAM FOR RETURNING MISSION BEHIND BARS AND BEYOND PO BOX 22034 CITIZENS 10,000. LOUISVILLE KY 40252 TO START AN EARLY CASA OF THE RIVER REGIONS NONE 982 EASTERN PKWY INTERVENTION TRAINING 2,500. LOUISVILLE KY 40202 123 211. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient GIRL SCOUTS OF KENTUCKIANA NONE PROGRAM EXPANSION 2115 LEXINGTON ROAD LOUISVILLE, KY 40206 10,000, LEXINGTON LEADERSHIP FOUNDATION NONE UPGRADE TO INNOVATIVE MENTORING DATABASE PO BOX 54642 5,000. LEXINGTON, KY 40555 Total from continuation sheets

Form 990-PF (2018)

Analysis (of Income.	-Producing	Activities

ter gross amounts unless otherwise indicated	Unrelated	ousiness income		y section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue:	Code		1000		
a	- -	- "			
b					
c	_				
d	_				
e	_		.		-
g Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities			14	43,097.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			01	348.	
Gain or (loss) from sales of assets other			- • - 	340.	
			18	78,962.	
than inventory			19	10,302.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory				-	 .
Other revenue					
<u> </u>	_				
	_				
·	_				<u>-</u> -
d	_				
e	_				
Subtotal Add columns (b), (d), and (e)		(0.	122,407.	
Total Add line 12, columns (b), (d), and (e)				13	122,40
e worksheet in line 13 instructions to verify calculations)				
art XVI-B Relationship of Activities	s to the Accon	plishment of	Exempt Pu	ırposes	
ne No Explain below how each activity for which in	ncome is reported in o	column (e) of Part XV	'I-A contributed	importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other th				,	
•	-				
			-		
					
l l	,				

Form **990-PF** (2018)

C/O CHARLES MERCER, PNC INVEST GRP 61-6034264 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 15(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (c) Description of relationship (b) Type of organization Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here TRUSTEE X Yes Signature of officer or trustee Date Title Check PTIN Print/Type preparer's name Date Preparer's signature self- employed Paid PHILIP J AMSHOFF P00090658

Form **990-PF** (2018)

Firm's EIN \triangleright 61-0713437

Phone no (502)583-0262

Preparer

Use Only

Firm's name ► BOWDEN &

Firm's address ▶ 304 MIDDLETOWN PARK PLACE

LOUISVILLE, KY 40243-2555

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

KENTUCKY SOCIAL WELFARE FOUNDATION

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

C/O CHARLES MERCER, PNC INVEST GRP 61-6034264 Organization type (check one) Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

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

Name of organization

KENTUCKY SOCIAL WELFARE FOUNDATION C/O CHARLES MERCER, PNC INVEST GRP

Employer identification number

61-6034264

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

Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KY SOCIAL WELFARE FOUNDATION TRUST FUND 101 SOUTH FIFTH STREET, 37TH FLOOR LOUISVILLE, KY 40202	\$103,916.	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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person 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 Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash 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)
23452 11-0	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (201

Name of organization

KENTUCKY SOCIAL WELFARE FOUNDATION

Employer identification number

61-6034264

rt II Nonc	eash Property (see instructions) Use duplicate copies of F	art II if additional space is needed	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art 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. irom 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

Employer identification number

KENTUCKY SOCIAL WELFARE FOUNDATION

VENTOCKI	POCTAT	METLWE	F OUNDA:	LTON
זק משא חלי	FC MED	CER DNC	TNUFCT	CRD

61-6034264

Part III			ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>
_	Transferee's name, address, ar	nd 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
		(a) Transfer of mile	
		(e) Transfer of gif	
-	Transferee's name, address, ar	nd 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	1
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

PNC BANK, KENTUCKY, INC. TRUST ACCOUNT 67,704. 24,607. 43,097. 43,097. TO PART I, LINE 4 67,704. 24,607. 43,097. 43,097. FORM 990-PF OTHER INCOME STATEMENT DESCRIPTION PER BOOKS MENT INCOME NET IN	FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SEC	URITIES S	TATEMENT 1	
RENTUCKY, INC. TRUST ACCOUNT 67,704. 24,607. 43,097. 43,097.			GAINS	REVENUE	NET INVEST-	ADJUSTED	
FORM 990-PF OTHER INCOME STATEMENT : A	KENTUCKY, INC.	67,704.	24,60	7. 43,09	7. 43,097.		
C	TO PART I, LINE 4	67,704.	24,60	7. 43,09	7. 43,097.		
REVENUE NET INVEST- ADJUSTED NET INCOME NET INCOME	FORM 990-PF		OTHER I	NCOME	s	TATEMENT 2	
OTHER INCOME TOTAL TO FORM 990-PF, PART I, LINE 11 348. 348. FORM 990-PF ACCOUNTING FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS BOWDEN AND WOOD TO FORM 990-PF, PG 1, LN 16B (A) EXPENSES OTHER PROFESSIONAL FEES (B) (C) ADJUSTED CHARITABLE PURPOSES STATEMENT (A) (B) (C) CHARITABLE PURPOSES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME PURPOSES POR 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME PURPOSES PUR BANK, KENTUCKY, INC. CONSULTING 800. 0. 800. 4,200. 4,200.	DESCRIPTION			REVENUE	NET INVEST-	ADJUSTED	
FORM 990-PF ACCOUNTING FEES STATEMENT 3 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE BOWDEN AND WOOD 7,400. 3,700. 3,700. TO FORM 990-PF, PG 1, LN 16B 7,400. 3,700. 3,700. TO FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4 (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES PNC BANK, KENTUCKY, INC. 15,590. 15,590. 0. CONSULTING 800. 0. 800. WEBSITE DEVELOPMENT 4,200. 0. 4,200.	OTHER INCOME	•		348.	348.		
Ca	TOTAL TO FORM 990-PF,	PART I,	LINE 11	348.	348.		
DESCRIPTION EXPENSES NET INVEST- ADJUSTED PURPOSES BOWDEN AND WOOD 7,400. 3,700. 3,700. TO FORM 990-PF, PG 1, LN 16B 7,400. 3,700. 3,700. TO FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITABLE PURPOSES PER BOOKS MENT INCOME NET INCOME PURPOSES PNC BANK, KENTUCKY, INC. 15,590. 15,590. 0. CONSULTING WEBSITE DEVELOPMENT ADJUSTED CHARITABLE PURPOSES 0. 800. 0. 800. 0. 800. 0. 800. 0. 4,200.	FORM 990-PF		ACCOUNTI	NG FEES	S	TATEMENT 3	
TO FORM 990-PF, PG 1, LN 16B 7,400. 3,700. 3,700. FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES PNC BANK, KENTUCKY, INC. 15,590. 15,590. 0. CONSULTING WEBSITE DEVELOPMENT 4,200. 0. 4,200.	DESCRIPTION		EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
CONSULTING CONSULTING CONSULTING CONSULTING CONSULTING CONSULTING CONSULTING CONSULTING CONSULTING CONSULTION CONSULTING CONSULTION CON	BOWDEN AND WOOD		7,400.	3,700	•	3,700.	
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES PNC BANK, KENTUCKY, INC. 15,590. 15,590. 0. CONSULTING 800. 0. 800. WEBSITE DEVELOPMENT 4,200. 0. 4,200.	TO FORM 990-PF, PG 1,	LN 16B	7,400.	3,700	•	3,700.	
DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOSES PNC BANK, KENTUCKY, INC. CONSULTING WEBSITE DEVELOPMENT EXPENSES NET INVEST- ADJUSTED CHARITABLE PURPOSES MENT INCOME NET INCOME PURPOSES 0. 4,200. 0. 4,200.	FORM 990-PF	OT	HER PROFES	SIONAL FEES	S	TATEMENT 4	
CONSULTING 800. 0. 800. WEBSITE DEVELOPMENT 4,200. 0. 4,200.	DESCRIPTION		EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
		NC.	800.	0	•	0. 800. 4,200.	
		LN 16C	20,590.	15,590		5,000.	

FORM 990-PF	OTHER EXPENSES				STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTEI NET INCOM		
DUES	25.		0.			25.
TO FORM 990-PF, PG 1, LN 23	25.		0.			25.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR	FUND	BALANCES	STATEMENT	6
DESCRIPTION					AMOUNT	
UNREALIZED DEPRECIATION IN FA	IR MARKET V	ALUE OF	SECUR	ITIES	210,8	30.
TOTAL TO FORM 990-PF, PART II	II, LINE 5				210,8	30.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			во	OK VALUE	FAIR MARKE' VALUE	Т
EQUITIES				1,380,310.	1,380,3	10.
TOTAL TO FORM 990-PF, PART II	, LINE 10B			1,380,310.	1,380,3	10.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8
	VA	ESTMENTS LUATION ETHOD		OK VALUE	FAIR MARKE' VALUE	
FORM 990-PF DESCRIPTION FIXED INCOME FUNDS	VA M	LUATION		OK VALUE 530,399.	FAIR MARKE	

	OF OFFICERS, DIE		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
VICKI LAWSON 110 DAY LILY DRIVE NICHOLASVILLE, KY 40356	SECRETARY 2.00	0.	0.	0.
DR. SUSAN WESLEY 707 STURBRIDGE COURT BOWLING GREEN, KY 42103	TRUSTEE 2.00	0.	0.	0.
DR. CHAD JACKSON 127 MAHAN AVENUE LONDON, KY 40741	TRUSTEE 2.00	0.	0.	0.
LINDA GAYHEART 370 FOXRUN RIDGE, P.O. BOX 105 HINDMAN, KY 41822	TRUSTEE 2.00	0.	0.	0.
REV. MICHAEL T. POWERS 976 FIRETHORN PLACE LEXINGTON, KY 40515	VICE-CHAIRPERSON 2.00	0.	0.	0.
CHARLES MERCER 101 SOUTH FIFTH STREET, 37TH FLOOR LOUISVILLE, KY 40202	TRUSTEE 2.00	0.	0.	0.
ANNE W. EASON 779 CROCUS LANE TAYLOR MILL, KY 41015	CHAIRPERSON 2.00	0.	0.	0.
RICHARD CARNES 605 SCIOTO DRIVE LOUISVILLE, KY 40223	TRUSTEE 2.00	0.	0.	0.
DR. MARIAN M. TAYLOR 1021 WINDSOR DRIVE SHELBYVILLE, KY 40065	TREASURER 2.00	0.	0.	0.
STEVEN JONES 878 OAKHURST AVENUE HAZARD, KY 41701	TRUSTEE 2.00	0.	0.	0.
REV. LISA BALBOA 47 ANGELA DRIVE TRENTON, KY 42286	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHARLES MERCER C/O PNC INVESTMENT INSTITUTIONAL GROUP 101 SOUTH FIFTH STREET, 37TH FLOOR LOUISVILLE, KY 40202

TELEPHONE NUMBER

502-581-5234

FORM AND CONTENT OF APPLICATIONS

ORGANIZATIONS SHOULD USE THE FOUNDATION'S STANDARD GRANT APPLICATION.

ANY SUBMISSION DEADLINES

GRANT APPLICATIONS MAY BE SUBMITTED AT ANY TIME.

RESTRICTIONS AND LIMITATIONS ON AWARDS

IN AWARDING GRANTS, THE FOUNDATION GIVES PREFERENCE TO KENTUCKY CHARITABLE ORGANIZATIONS. GRANTS ARE AWARDED TO ASSIST ORGANIZATIONS, ALREADY OPERATING, AND/OR THROUGH ASSISTING IN THE SETTING UP OF NEW PROJECTS FORMED TO ASSIST IN IMPROVING STANDARDS OF LIVING AND OPPORTUNITY AMONG THE POOR, SICK, UNFORTUNATE AND VOCATIONAL HANDICAPPED PERSONS RESIDING IN THE STATE OF KENTUCKY, PARTICULARLY IN RURAL AREAS, SMALL TOWNS AND AREAS OF SPECIAL NEED.