Form 990-PF

EXTENDED TO NOVEMBER 16, 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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	rcale	endar year 2019 or tax year beginning		, and ending		
Na	ame (of foundation		•	A Employer identification	n number
-		TUCKY SOCIAL WELFARE FO				
		CHARLES MERCER, PNC IN			61-6034264	
		and street (or P O box number if mail is not delivered to stree	•	Room/suite	B Telephone number	
	101	SOUTH FIFTH STREET, 37	TH FLOOR		(502)581-5	234
		town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_1	LOt	JISVILLE, KY 40202				
G	Chec	ck all that apply: Initial return	Initial return of a fo	rmer public charity	N 1 Foreign organizations	s, check here
		Filial return	Amended return		2 5	
		Address change	Name change		Foreign organizations me check here and attach co	omputation Lest,
H		tk type of organization: X Section 501(c)(3) e		\mathcal{M}	E If private foundation sta	tus was terminated
<u> </u>	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition (T	under section 507(b)(1)	
l F	air n	· · · · · · · · · · · · · · · · · · ·	ıng method. 🔃 🗶 Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1))(B), check here
<u> </u>	>\$	2,351,510. (Part I, colu	nn (d), must be on cash bas	JS.)		
Į.P	art	The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
5/	1	Contributions, gifts, grants, etc , received	99,705.		N/A	
1	2	Check I I the foundation is not required to attach Sch. B Interest on savings and temporary				
~	3	cash investments	45 050	45 050		0m2 mm: (**) *** 4
	4		47,259.	47,259.		STATEMENT 1
Revenue		a Gross rents				<u>'</u>
	1 .	Net rental income or (loss)	26 010		DEG	11) (5)
	1 6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	26,818.		KFC!	EAVED
	,	b Gross sales price for all assets on line 6a 90,108.		26,818.	Θ	
	′ ا	Capital gain net income (from Part IV, line 2)		20,010.	VOV BB	<u>3)2020 </u>
	8 9	· •	-			
	1 1	Groce calce face returns			OGDE	
		a and allowances b Less Cost of goods sold	 			<u> </u>
	1	c Gross profit or (loss)				1
		Other income	374.	374.		STATEMENT 2
	12		174,156.	74,451.		
_	13	· •	0.	0.		0.
	14					· · · · · · · · · · · · · · · · · · ·
	15	Pension plans, employee benefits				
enses		a Legal fees				
		b Accounting fees STMT 3	7,625.	3,812.		3,813.
ËX		c Other professional fees STMT 4	16,834.	16,834.		0.
Š	17	Interest				
rat	18	Taxes			·	
list	19	Depreciation and depletion				
Ē	20	Оссиралсу				
ĕ	21	Travel, conferences, and meetings	7,812.	1,562.		6,250.
Operating and Administrative Exp	22	,				
ם	23	•	75.	0.		75.
rati	24	Total operating and administrative				
Ď	-	expenses. Add lines 13 through 23	32,346.	22,208.		10,138.
J	25	Contributions, gifts, grants paid	116,735.			116,735.
	26	Total expenses and disbursements.	140 001	20 000		100 000
	-	Add lines 24 and 25	149,081.	22,208.		126,873.
	1	Subtract line 26 from line 12	25 275			
	Į.	Excess of revenue over expenses and disbursements	25,075.	50.040		
		Net investment income (if negative, enter -0-)		52,243.	37 / 3	
		C Adjusted net income (if negative, enter -0-)			N/A	Form 990-PF (2019)

Part II Balance Sheets Attached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	End of year			
, F	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	23,182.	43,960.	43,960.			
	2	Savings and temporary cash investments						
	3	Accounts receivable >						
		Less allowance for doubtful accounts						
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable						
		Less allowance for doubtful accounts						
ş	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
Ø	10a	Investments - U S and state government obligations						
	b	Investments - corporate stock STMT 7	1,380,310.	1,751,093.	1,751,093.			
	C	Investments - corporate bonds						
	11	Investments land, buildings, and equipment basis						
		Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other STMT 8	530,399.	556,457.	556,457.			
	14	Land, buildings, and equipment; basis	-					
		Less accumulated depreciation						
	1	Other assets (describe						
	16	Total assets (to be completed by all filers - see the		0 054 540	0 054 540			
_	_	instructions. Also, see page 1, item I)	1,933,891.	2,351,510.	2,351,510.			
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·		 !			
	18	Grants payable						
es	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
į	21	Mortgages and other notes payable						
_	22	Other liabilities (describe						
		7 A 10 A 100 - (-111 47 10 100)	0.	о.	+ 			
_	23	Total liabilities (add lines 17 through 22)	U•		·			
		Foundations that follow FASB ASC 958, check here			Į.			
ces		and complete lines 24, 25, 29, and 30.						
lan	I	Net assets without donor restrictions		,				
Ba	25	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here						
Net Assets or Fund Balances		and complete lines 26 through 30			}			
Ē	26	Capital stock, trust principal, or current funds	0.	0.	'			
S	27	Paid-in or capital surplus, or land, bldg, and equipment fund	0.1	0.				
se	28	Retained earnings, accumulated income, endowment, or other funds	1,933,891.	2,351,510.	1			
Š	29	Total net assets or fund balances	1,933,891.	2,351,510.				
Š	- 3	Total liet assets of fully parallees	1,303,031	2,331,3101				
	30	Total liabilities and net assets/fund balances	1,933,891.	2,351,510.	į			
Ξ					<u>-</u>			
L _P	art	Analysis of Changes in Net Assets or Fund B	aiances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29					
		t agree with end-of-year figure reported on prior year's return)		1	1,933,891.			
2	-	amount from Part I, line 27a		2	25,075.			
		increases not included in line 2 (itemize)	SEE ST	ATEMENT 6 3	392,544.			
4	Add I	ines 1, 2, and 3		4	2,351,510.			
5	Decre	eases not included in line 2 (itemize)		5	0.			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	2,351,510.			
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C/O CHARLES MERCER, PNC INVEST GRP

(a) List and describe the	nd Losses for Tax on line kind(s) of property sold (for exalehouse; or common stock, 200 sh	mple, real esta		(b) How acquired P - Purchase D - Donation	(c) Date a		(d) Date sold (mo., day, yr.)
1a SEE ATTACHED				P			
b CAPITAL GAINS I	IVIDENDS						
С							
d				····			····
e		1 (10					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	AB = 0		ıın or (loss) (f) mınus (g))
a 75,895.		ļ <u>.</u>	63,29) •			12,605
b 14,213.		·					14,213
d		 			_		
e	· · · · · · · · ·	 					······
	gain in column (h) and owned by	the foundation	on 12/31/69	1) Gains (Co	ol. (h) gain i	minus
	(j) Adjusted basis	·	cess of col. (I)		. (k), but n	ot less than	ı -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col (j), if any		Losses (from col. (i	1))
a							12,605
h			_, _				14,213
С							
d							
е							
2 Capital gain net income or (net cap	Ital loss) { If gain, also enter	r in Part I, line I- in Part I, line	7 7	} 2			26,818
3 Net short-term capital gain or (loss							
If gain, also enter in Part I, line 8, c		- (-/		J			
If (loss), enter -0- in Part I, line 8	1 0 1 4040/ 14	A 1] 3		N/A	
	ider Section 4940(e) for				ome		
(For optional use by domestic private f	oundations subject to the section 4	4940(a) tax on	net investment inc	ome.)			
If section 4940(d)(2) applies, leave this	s part blank.						
Mas the foundation liable for the coets	on 4049 tay on the distributable am	anunt of any un	or in the bose serie	.d2			Yes X No
Was the foundation liable for the section If "Yes," the foundation doesn't qualify				ou r			Tes _A NO
1 Enter the appropriate amount in ea		<u> </u>		ries.			
(a)	(b)			(c)		5	(d) ution ratio
Base periód years Calendar year (or tax year beginning		tributions	Net value of non-	charitable-use assets	(Distribi col. (b) divi	ution ratio ded by col (c))
2018		9,277.		2,116,307			.098888
2017	13	6,744.		2,028,184	•		.067422
2016		0,800.		1,837,966			.087488
2015		3,943.		1,869,564			.076993
2014	9	0,771.		1,833,618	•		.049504
							22222
2 Total of line 1, column (d)					2		.380295
3 Average distribution ratio for the 5-	•	on line 2 by 5 C), or by the number	of years			056056
the foundation has been in existence	e if less than 5 years				3		.076059
							171 500
4 Enter the net value of noncharitable	-use assets for 2019 from Part X,	line 5			4		2,171,599.
e AA da ababaa Ababa A					_		165,170.
6 Multiply line 4 by line 3					5		105,170
C Enter 19/ of not investment income	/10/ of Bart Line 27h\						522.
6 Enter 1% of net investment income	(1/0 UI Faili, IIIIE 2/U)				6		J 2 2 6
/ Add lines 5 and 6					7		165,692.
nuu iiiles v allu U					 '-+	,	100,002
8 Enter qualifying distributions from I	Part XII, line 4				8		126,873.
If line 8 is equal to or greater than li	ne 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% tax rate.			

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 $\overline{\mathbf{x}}$

X

X

6

7

KY

If "Yes." attach the statement required by General Instruction T

By language in the governing instrument, or

remain in the governing instrument?

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

Ba Enter the states to which the foundation reports or with which it is registered. See instructions

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

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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

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)

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

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

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

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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			v
10	section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement, See instructions	12		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
10	Website address ► HTTPS://KSWF.ORG	10		Ļ
14		581	-52	34
17	Located at ▶ 101 SOUTH FIFTH STREET, 37TH FLOOR, LOUISVILLE, K ZIP+4 ▶40		<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	П
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country -			
Pa	rt 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
18	During the year, did the foundation (either directly or indirectly)			
	(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)		ŀ	
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ĺ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		ļ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		İ	
	for the benefit or use of a disqualified person)?		i	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			i
	If the foundation agreed to make a grant to or to employ the official for a period after			1
	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		ŀ	1
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 before the first day of the tax year beginning in 2019?	 1c	:	$\bar{\mathbf{x}}^{\perp}$
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(j)(3) or 4942(j)(5)):		Ì	Ì
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			j
	If "Yes," list the years		i	1
0	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			į
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		-	;
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			į
	Old the foundation half many three 20% disease and and anti-state and an advantage of the foundation half and a few fields.			i
Jä	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			ŀ
			ľ	;
U	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969: (2) the lease of the 5-year period (or leases across depending to the foundation of disqualified persons after	i		Ì
	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 Form 4720,			;
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	 3b		
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	-	<u> </u>
			-PF (:	
	TOTAL		(~~ 17)

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contir	nued)		
5a During the year, did the foundation pay or incur any amount to:			[Y	es No
' (1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
any voter registration drive?			es X No		:
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No	ľ	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		L Y	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		·	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations		_	
section 53 4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere		▶∟	1	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		_			
expenditure responsibility for the grant?	Ŋ	Ī/A	es No		į
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Y	es 🗶 No 📙		-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	\rightarrow
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration of				
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trusto			es X No		
Paid Employees, and Contractors		inagers, Highi	у 		
1 List all officers, directors, trustees, and foundation managers and t		1 6:	T 721'-		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) t	Expense unt, other
(a) Name and address	to position	`enter'-0-)	compensation	allo	wances
				1	•
SEE STATEMENT 9		0.	0.	 	0.
					
				 	
		1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		<u> </u>	
2 Compensation of the highest-paid employees (other than those me	(b) Title, and average	I TONE.	(d) Contributions to	(e) [xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	Expense unt, other wances
NONE	devoted to position		compensation	1 2110	Wances
NONE					
				 	
				 	
				-	
					
Total number of other employees paid over \$50,000		1			0
Total Control of the			Form	990-P	F (2019)
			. 51111		\ · - /

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	(3, 7,	
	1	
Total number of others receiving over \$50,000 for professional services		▶ C
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc	al information such as the	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 lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
3		
Tatal Add lines 1 through 2		0

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Part X Minimum Investment Return (All domestic foundations must complete this part Fo	oreign foundations, s	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
Average monthly fair market value of securities	1a	2,152,154.
b Average of monthly cash balances	16	2,152,154. 52,515.
c Fair market value of all other assets	16	
d Total (add lines 1a, b, and c)	10	2,204,669.
c. Beduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,204,669.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33,070.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,171,599.
6 Minimum investment return. Enter 5% of line 5	6	108,580.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations, check here and do not complete this part.)	indations and certain	,
1 Minimum investment return from Part X, line 6	1	108,580.
2a Tax on investment income for 2019 from Part VI, line 5 2a 2a	,045.	
b. Income tax for 2019. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	1,045.
Distributable amount before adjustments. Subtract line 2c from line 1	3	1,045. 107,535.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	107,535.
C Deduction from distributable amount (see instructions)	G	0.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	107,535.
Part 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	126,873.
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	- 	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 0; and Part XIII, line 4	4	126,873.
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	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	126,873.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fit 4940(e) reduction of tax in those years.	<u> </u>	

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Yeārs prioi to 2018	(c) 2018	(d) 2019
1 'Distributable amount for 2019 from Part XI,	Омрич	Tears prior to 2010	2010	2010
line 7				107,535.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years. `				
, ,		0.		
3 Excess distributions carryover, if any, to 2019				
a From 2014 4,322. b From 2015 51,834.				
bFrom 2015 51,834.				
cFrom 2016 69,580.				
d From 2017 36,403.				
e From 2018 105, 494.				
f Total of lines 3a through e	267,633.			}
4 Qualifying distributions for 2019 from				
Part XII, line 4. ►\$ 126,873.			•	
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		^		
years (Election required - see instructions)		0.		<u> </u>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			107 525
d Applied to 2019 distributable amount	10 220			107,535.
e Remaining amount distributed out of corpus	19,338.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				, i
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	286,971.			
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	Ì			
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		<u> </u>
e Undistributed income for 2018. Subtract line			•	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must	1			0.
be distributed in 2020			· · · · · · · · · · · · · · · · · · ·	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 2014				<u> </u>
not applied on line 5 or line 7	4,322.			
9 Excess distributions carryover to 2020				<u> </u>
Subtract lines 7 and 8 from line 6a	282,649.			
O Analysis of line 9.	_, , - -			
a Excess from 2015 51,834.	·			
b Excess from 2016 69,580.				1
c Excess from 2017 36, 403.				1
d Excess from 2018 105,494.				
e Excess from 2019 19,338.				

923581 12-17-19

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

	RLES MERCER			61-60	34264 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II A, question 9)	N/A	
'1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating	·		
foundation, and the ruling is effective fo	r 2019, enter the date of	the ruling	.		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	ın section	4942(j)(3) or 494	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	port	
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			1		
for active conduct of exempt activities.		/			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets			_		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6, for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross			l"		
investment income (interest,					
dividends, rents, payments oñ securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundatio	n had \$5,000 or mo	re in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by th	e foundation before the close	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
NONE	· · · · · · · · · · · · · · · · · · ·				
b List any managers of the foundation wh			(or an equally large port	tion of the ownership of a par	tnership or
other entity) of which the foundation ha	s a 10% or greater intere	St.			
NONE					
2 Information Regarding Contribut					
Check here if the foundation of the foundation makes gifts, grants, etc.				not accept unsolicited reque a, b, c, and d.	sts for funds If
a The name, address, and telephone num	ber or email address of the	ne person to whom appli	cations should be addre	ssed.	
SEE STATEMENT 10					
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines	·				
	auah aa hu aa aa aa	al areas should be to	lundo of materials	other feeters	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields	, kinas or institutions, or	other factors.	

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Form **990-PF** (2019)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager.
or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year NONE ELĪZABETH'S VILLAGE FURNITURE 207 S. HAMILTON STREET GEORGETOWN, KY 40324 2,500. FAMILY PROMISE OF NORTHERN KY NONE ASSIST FAMILIES WITH 336 W. OTH STREET HOUSING AND NEWPORT, KY 41071 TRANSFORTATION FOR WORK AND JOB INTERVIEWS 8,000. NONE HAZARD-PERRY COUNTY MINISTRIES DISHWASHER, PHONE 151 MISS EDNA LANE SYSTEM, ETHERNET HAZARD, KY 41701 SWITCH, WALL RACK AND SHELF 7,272. HINDMAN SETTLEMENT SCHOOL NONE READING TUTORS FOR STUDENTS PO BOX 844 HINDMAN, KY 41822 15,000. KY UNITED METHODIST CHILDRENS HOME NONE REPLACE WINDOWS 1115 ASHGROVE ROAD 5,000. NICHOLASVILLE, KY 40356 SEE CONTINUATION SHEET(S) 116,735. ▶ 3a b Approved for future payment NONE Total ٥.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	Unrelated business income		ed by section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
· ·	Code	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
<u> </u>						
			-			
	_		╼┼╌╾┼			
e	_					
g Fees and contracts from government agencies			+			
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	47,259.		
5 Net rental income or (loss) from real estate.						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income			01	374.		
8 Gain or (loss) from sales of assets other			- - - 			
than inventory			18	26,818.		
9 Net income or (loss) from special events			 - 	20,0201		
10 Gross profit or (loss) from sales of inventory						
11 Other revenue.			+ +			
•						
h	_					
Č	_					
d	-		+ +			
e	_		1	- +		
12 Subtotal Add columns (b), (d), and (e)	_ 	0		74,451.	0.	
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>			13	74,451.	
(See worksheet in line 13 instructions to verify calculations	١					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2019)

		CHARLES M						6034264	_	age 13
Part			nsfers to	and Transa	ctions an	nd Relations	ships With No	ncharitable)	
4 0	Exempt Organ		u of the follow	una with any othe			otion E01/o)		Yes	No
	d the organization directly or and ther than section 501(c)(3) orga					i described ili se	CIIOII 50 I(C)		163	INO
	ansfers from the reporting found				amzadons.					
) Cash		idolo oxompi o	, gameanon o				1a(1)	_	X
) Other assets							1a(2)		Х
	her transactions.			, , ,	•					
(1) Sales of assets to a noncharita	able exempt organiz	ation					1b(1)		X
(2	Purchases of assets from a no	oncharitable exempt	t organization					1b(2)		Х
(3) Rental of facilities, equipment,	, or other assets		•				15(3)	<u> </u>	Х
(4) Reimbursement arrangements	5						1b(4)	<u> </u>	Х
	Loans or loan guarantees							1b(5)	ļ	X
	Performance of services or mi							1b(6)		X
	aring of facilities, equipment, ma				المالية المالية المالية			1c		Х
	he answer to any of the above is services given by the reporting t		-	•	•	•		• .	eis,	
	lumn (d) the value of the goods,				market value	in any transaction	on or snaring arrange	anient, show in		
(a)Line r	· · · · · · · · ·	•		le exempt organi	zation	(d) Descripti	on of transfers, transaction	ons, and sharing ar	rangeme	ants
· · ·	, ,		N/A			 	·			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				†				
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		<u> </u>		· · · · · · · · · · · · · · · · · · ·		 	· · · · · · · · · · · · · · · · · · ·		-	
2a Ist	he foundation directly or indirec	tly affiliated with, or	related to, on	e or more tax-exe	empt organiza	ations described				
ın s	section 501(c) (other than section	on 501(c)(3)) or in s	section 527?					Yes	X] No
b If"	Yes," complete the following sch									
	(a) Name of org	ganization		(b) Type of or	ganization		(c) Description of re	elationship		
	N/A									
										
	•									
	Under penalties of perjury, I declare	that I have examined the	his return, ınclud:	I ing accompanying s	chedules and s	tatements, and to th	ne best of my knowledge			
Sign	and belief, it is true, correct, and cor	mplete Declaration of p	oreparer (other th	an taxpayer) is base	d on all informat	tion of which prepar	er has any knowledge	May the IRS of	prepare	er
Here	1 × Cun			¥ 11-1	13-W	TRUST	EE	shown below X Yes	7 See ins	No
	Signature of officer or trustee	;		Date		Title				
•	Print/Type preparer's na	ame	Preparer's	signature		Date	Check if	PTIN		
			$\parallel V/ \parallel \parallel$	b // //		11	self- employed			
Paid	PHILIP J A		1 M	/ / //m	<i>y</i>	11/2/2020		P00090		
Preparent Use (DEN & WO	OD, PIA	$f^{c} = \frac{1}{2}$	7		Firm's EIN ► 6	1-07134	37	_

Phone no. (502)583-0262 Form **990-PF** (2019)

Firm's address ▶ 304 MIDDLETOWN PARK PLACE

LOUISVILLE, KY 40243-2555

3 Grants and Contributions Paid During the Y	rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
LEXINGTON RESCUE MISSION	NONE		BEDROOM FURNISHINGS	
444 GLEN ARVIN AVENUE			FOR THE NEW WOMENS	
LEXINGTON, KY 40508			номе	7,50
LIGHTHOUSE PROMISE, INC	NONE		SAFETY GLASS AND	
5312 SHEPHERDSVILLE ROAD			SECURITY CAMERAS	
LOUISVILLE, KY 40228		· . · · · · · · · · · · · · · · · · · ·		9,00
SIMPSON COUNTY LITERACY COUNCIL, INC.	NONE		PROGRAM MATERIALS	
231 S. COLLEGE STREET				
FRANKLIN, KY 42134				1,00
CABBAGE PATCH SETTLEMENT HOUSE, INC	NONE		TO FUND THE CRIMINAL	
1413 S. 6TH STREET			EXPUNGEMENT PROCESS	
LOUISVILLE, KY 40208			FOR PARENTS STRUGGLING	
			TO PROVIDE FOR THEIR CHILDREN.	15 00
		-	ATEDREN.	15,00
VOLUNTEERS OF AMERICA	NONE		RENOVATION OF NEW	
570 S. 4TH STREET, STE 100			FACILITY IN CLAY	
LOUISVILLE, KY 40202			COUNTY.	21,46
MCA OF GREATER LOUISVILLE	NONE		FUNDING FOR THE Y-NOW	
2400 CRITTENDEN DRIVE			PROGRAM.	
LOUISVILLE, KY 40217				25,00
Total from continuation sheets				78,96

Schedule B

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

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.

OMB No 1545-0047

2019

Employer identification number

KENTUCKY SOCIAL WELFARE FOUNDATION C/O CHARLES MERCER, PNC INVEST GRP 61-6034264 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (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 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 contributors Special Rules 🔟 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

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

61-6034264

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	_
(a) No.	(b) Name, address, and ZIP + 4	(ć) Total contributions	(d) Type of contribution
1	KY SOCIAL WELFARE FOUNDATION TRUST FUND 101 SOUTH FIFTH STREET, 37TH FLOOR LOUISVILLE, KY 40202	\$ 99,705.	Porson X Payroll
(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.	(ხ) 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
		\$ <u></u>	Person Payroll Noncash (Coniplete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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
KENTUCKY SOCIAL WELFARE FOUNDATION
C/O CHARLES MERCER, PNC INVEST GRP

Employer identification number

61-6034264

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed						
(a) No. from Parti	(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 qiven	(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

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

C/O C	HARLES MERCER, PNC INVE	ST GRP			61-6034264			
Part III	Exclusively religious, charitable, etc., contribut				hat total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious) through (e) and the follow charifable etc. contributions of	ing line entry. For i \$1,000 or less for i	organizations the year (Enterthic 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	gıft	(d) Desc	ription of how gift is held			
			 · · · · · · · · · · · · · · · · · ·					
		(e) Trans	fer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	sferor to transferee			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del></del>	<del></del>				
		· · · · · · · · · · · · · · · · · · ·		<del></del>	·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	ription of how gift is held			
Faiti								
					· · · · · · · · · · · · · · · · · · ·			
]								
İ		(e) Trans	fer of gift					
		. =	_					
ŀ	Transferee's name, address, and ZIP + 4			elationship of tran	sferor to transferee			
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		· · · · · · · · · · · · · · · · · · ·		······································				
(a) No. from	4.15			/ 13 5				
Part I	(b) Purpose of gift	(c) Use of	gint ————————————————————————————————————	(a) Descr	uption of how gift is held			
<del></del>								
			<del></del>					
}		(a) Trans	antor of gift					
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tran	sferor to transferee			
Ī			•					
				·				
-								
(a) No.		<del>, , , , , , , , , , , , , , , , , , , </del>		<del></del>				
from Part I	(b) Purpose of gift	(c) Use of	gıft	(d) Descr	ption of how gift is held			
Parti								
ľ	(e) Transfer of gift							
	······································							
	Transferee's name, address, ar	Relationship of transferor to transferee						
		<del></del>		<u> </u>				

			•				_
FORM 990-PF DI	VIDENDS	AND INTER	EST FROM	SECUR	ITIES S	STATEMENT	1
	ROSS MOUNT	CAPITAL GATNS DIVIDEND	REVE	NUE	(B) NET INVEST- MENT INCOME		
PNC BANK, KENTUCKY, INC. TRUST ACCOUNT	61,472.	14,21	.3. 47	,259.	47,259.		
TO PART I, LINE 4	61,472.	14,21	3. 47	,259.	47,259.		
FORM 990-PF		OTHER I	NCOME		5	TATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOKS		(B) ET INVEST- ENT INCOME		
OTHER INCOME			3	74.	374.		
TOTAL TO FORM 990-PF, P	ART I,	LINE 11	3	74.	374.		
FORM 990-PF		ACCOUNTI	NG FEES		S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET INVE	ST-	(C) ADJUSTED NET INCOME		
BOWDEN AND WOOD		7,625.	3,	812.		3,81	L3.
TO FORM 990-PF, PG 1, L	N 16B	7,625.	3,	812.		3,81	13.
FORM 990-PF	OTI	HER PROFES	SIONAL FE	ES	S	TATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
PNC BANK, KENTUCKY, INC	. –	16,834.	16,	834.		<u> </u>	0.
TO FORM 990-PF, PG 1, L	N 16C	16,834.	16,	834.		-	0.
	<del></del>			<del></del> -	<del>```````````````</del>		

FORM 990-PF	OTHER E	KPENSES	···	STATEMENT 5	
DESCRIPTION	(A) EXPĒNSES PER BOOKS	(B) (C) NET INVEST- ADJUSTE MENT INCOME NET INCO			
DUES	75.		0.	75	
TO FORM 990-PF, PG 1, LN 23	75.		0.	75.	
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND	BALANCES	STATEMENT 6	
DESCRIPTION				AMOUNT	
UNREALIZED APRECIATION IN FAI	R MARKET Vλ	UE OF SECU	RITIEŚ	392,544.	
TOTAL TO FORM 990-PF, PART II	II, LINE 3			392,544.	
FORM 990-PF	CORPORATI	STOCK		STATEMENT 7	
DESCRIPTION		1	BOOK VALUE	FAIR MARKET VALUE	
EQUITIES			1,751,093.	1,751,093.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B	_	1,751,093.	1,751,093.	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8	
DESCRIPTION		LUATION ETHOD 1	BOOK VALUE	FAIR MARKET VALUE	
FIXED INCOME FUNDS	1	PMV	556,457.	556,457.	

	OF OFFICERS, DIE FOUNDATION MANAGE	STATEMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
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.	υ.	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.

21 STATEMENT(S) 9 09001029 758046 1068.00 2019.04030 KENTUCKY SOCIAL WELFARE FOU 1068_001

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### FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

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.