EXTENDED TO NOVEMBER 15, 2018 2949125800414

Return of Private Foundation

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

Form S	190)_P	F
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Department of the Treasury Internal Revenue Service

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.

F	or c	alen	idar year 2017 or tax year beginning		, and ending		
	Nan	ne of	foundation			A Employer identification	number
	_S	MA	_SWOPE FAMILY FOUNDATIO	N, INC.		92-0186097	1
_			and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
	2525 NELSON MILLER PARKWAY 102					502-499-50	103
_	City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
_	<u>L</u> (<u>UC</u>	ISVILLE, KY 40223				
G	C	heck	call that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organizations	s, check here
			Final return	Amended return		0 -	
_			X Address change	Name change		2 Foreign organizations me check here and attach co	omputation
Н	C	-	type of organization: X Section 501(c)(3) ex			E If private foundation sta	tus was terminated
	<u> </u>			Other taxable private founda	mion ,	under section 507(b)(1))(A), check here
ͺ I			· 1 ——	ng method: X Cash	Accrual	F If the foundation is in a	
•			Part II, col. (c), line 16) 0i	ther (specify)		under section 507(b)(1))(B), check here
Г	Po	<u>⊅</u> rt i					(4)
_	<u>Pa</u>	<u> </u>	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	Ì	1	Contributions, gifts, grants, etc , received			N/A	
		2	Check \(\bigsec\ \text{\text{\$\sum_X\$}} \) if the foundation is not required to attach Sch. B Interest on savings and temporary	2.5 - 5			
		3	cash investments	36,769.	36,769.		STATEMENT 1
	ļ	4	Dividends and interest from securities	373,553.	373,553.		STATEMENT 2
			Gross rents				
	- {	_	Net rental income or (loss)	396,623.			
	e le	Da h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 4,336,941.	390,023.			<u> </u>
	Revenue	7	assets on line 6a 4,330,341. Capital gain net income (from Part IV, line 2)		396,623.	- REC	BIRD
	8	8	Net short-term capital gain	-	35070231	8	LARD "
		9	income modifications			SEP SEP	2 2000 2
		10a	Gross sales less returns and allowances				2 2018 19
			Less Cost of goods sold			OGDI	EN IT E
	l	C	Gross profit or (loss)				
		11	Other income	9,920.	<u>9,920.</u>		STATEMENT 3
<u>2</u> 	_	12	Total Add lines 1 through 11	816,865.	<u>816,865.</u>		
		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
₹ 1848	1	14	Other employee salaries and wages	25,896.	12,948.	<u> </u>	12,948.
	es		Pension plans, employee benefits				
3			Legal fees Accounting fees STMT 4	8,570.	4,285.		4,285.
ے	xpe		Other professional fees	8,370.	4,200.		4,203.
1	ē E		Interest				
ž	aţi		Taxes STMT 5	7,619.	7,619.		0.
	istr		Depreciation and depletion	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ď	듩		Occupancy				
J	Ad		Travel, conferences, and meetings				
	and d	22	Printing and publications				
	Jg 8	23	Other expenses STMT 6	116,762.	58,316.		58,446.
	Operating and Administrative Expens	24	Total operating and administrative		_		_
	ğ		expenses Add lines 13 through 23	158,847.	<u>83,168.</u>		75,679.
	- 1		Contributions, gifts, grants paid	1,077,807.			1,077,807.
		26	Total expenses and disbursements	1 225 554	00 460		1 150 105
-			Add lines 24 and 25	1,236,654.	83,168.	 	1,153,486.
			Subtract line 26 from line 12	<419,789.			
			Excess of revenue over expenses and disbursements	<413,103.	733,697.		
			Net investment income (if negative, enter -0-)	 	133,031.	N/A	
	1	Ü	Adjusted net income (if negative enter -0-)	<u> </u>			

ГОП	111 99	0-PF (2017) SAM SWOPE FAMILY FOUNDA			0180097 Fage 2
Pa	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
\exists			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
	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			
	Ĭ	disqualified persons			
	7	Other notes and loans receivable			
	'	Less' allowance for doubtful accounts			
	_	**			
Assets	B	Inventories for sale or use			
\ss	9	Prepaid expenses and deferred charges			
1	l	Investments - U.S. and state government obligations	40 444 454	10 004 665	01 000 317
	b	Investments - corporate stock STMT 7	18,444,454.	18,024,665.	21,292,317.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	ı	Total assets (to be completed by all filers - see the			
	סו		18,444,454.	18,024,665.	21,292,317.
		instructions. Also, see page 1, item I)	10,444,454.	10,024,003.	21,292,311.
	!	Accounts payable and accrued expenses			
	1	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31	ĺ		
es	24	Unrestricted			
anc	25	Temporarily restricted			
3al;	26				
Fund Balances	20	Foundations that do not follow SFAS 117, check here		······································	
F		and complete lines 27 through 31			
ŏ	0.7		0.	0.	
	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ţ	29	Retained earnings, accumulated income, endowment, or other funds	18,444,454.	18,024,665.	
Š	30	Total net assets or fund balances	18,444,454.	18,024,665.	
	31	Total liabilities and net assets/fund balances	18,444,454.	18,024,665.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	18,444,454.
				1	<419,789.>
		r amount from Part I, line 27a		2	<419,769.5 0.
		er increases not included in line 2 (itemize)			
		lines 1, 2, and 3		4	18,024,665.
-		reases not included in line 2 (itemize)			0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6_	18,024,665.
					Form 990-PF (2017)

a Exempt operating foundations described in section 4940(()(2), check here		1990-PF (2017) SAM SWOPE FAMILY FOUNDATION, INC. 92-018 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	36097	otio	Page 4	
Dates of ruling or determination letter 4 Catach capy of letter if necessary-see instructions) 5 Domestic foundations shall meet the section 4940(s) requirements in Part V, check here 4 Domestic seater (2014) 7 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 7 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 8 John 1 Subtile A (normalized iscome. Subtract line 4 from line 3.1 (far or or less, enter -0-) 9 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 10 Tax based on investment income. Subtract line 4 from line 3.1 (far or or less, enter -0-) 11 Tax based on investment income. Subtract line 4 from line 3.1 (far or or less, enter -0-) 12 Tax and with application for extension of time to 16 (Form 8868) 13 Tax deal (1) Tax stimuted tax payments and 2016 everpayment credited to 2017 14 Sackapu withorting erronecably withheld 15 Tax dee (1) Tax stimuted tax payments, Act lines 5 and 16 is more than line 7, enter amount over lines 6 and 16 is more than line 7, enter amount over lines 6 and 16 is more than line 17, enter amount over line 10 to the form 8868) 15 Tax dee (1) Tax statements Regarding Activities 16 Deverpayment (1) If the 7 is more than that led of lines 5 and 8, inter the amount overpaid 17 Total credits and payments, Act lines 5 and 16 is more than line 7, enter amount overpaid 18 Tax the 10 total lines 5 and 16 is more than line 17, enter amount overpaid 19 Tax dee (1) Tax than the 10 total lines 6 and 8 is more than line 17 enter amount overpaid 10 Tax statements Regarding Activities 11 Total credits are applied to the 10 total lines 6 and 8 is more than line 17 enter amount overpaid 12 Tax than lines 4 is more than 10 total lines 6 and 8 is more than 10 total 10 t			- 1115111	Cuo	15)	
b Domestic Goundations that meet the section 4940(e) requirements in Part V, check have	ıa	,				
of Part I, line 27b A fold their domainst Loundations seller 2% of line 27b, Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) A did fines 1 and 2 A sobitili & I, commobility (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax wased on investment iscome. Subtract line 4 from line 3. If zero or less, enter -0- Tax wased on investment iscome. Subtract line 4 from line 3. If zero or less, enter -0- Exempt foreign organizations: 1xx withheld as source B	_				2 -	
a. All other domestic foundations enter 2% of the 27h. Exempt foreign organizations enter 4% of Part I, line 12, cot (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 4. Subhtlie A (accome) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5. Tax based on investment income. Subtract line 4 florm line 3. If zero or less, enter -0- 6. Credist-Payments: 8. 2017 estimated tax payments and 2016 overgayment credited to 2017 8. Enter the paylocation organizations - tax withheld at source 6. 10,875. 8. Enter any peatally for underpayment of restimated tax. Others here of the company of the comp	D	the state of the s		7,3	<u>37.</u>	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxeble foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment and 2016 overpayment credited to 2017 8						
3 Add lines 1 and 2 4 Subtite A (nome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.11 zero or less, enter -0- 6 CredishPayments: 5 7, 33.7. 6 CredishPayments: 5 7, 33.7. 6 CredishPayments: 6 2 017 estimated tax payments and 2016 overpayment credited to 2017 6 Exempt foreign organizations - tax withheld at source 6 0 0. 6 Each 0. 6 Each 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here #Form 2220 is attached #Form 2220					_	
4 Subtité A (notmet) lax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment laceme. Subtract line 4 from line 3. If zero or less, enter -0- 6 CediscPayments: a 2017 estimated for payments and 2016 overpayment credited to 2017 b Event foreign opinizations: - Lax withheld at source c Tax paid with application for extension of time to the (Form 8868) b D D D. c Tax based on opinizations: - Lax withheld at source c Tax paid with application for extension of time to the (Form 8868) b D D D. c Tax paid with application for extension of time to the (Form 8868) c D D D D D D D D D D D D D D D D D D D					<u> </u>	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credist-Payments: 2 017 estimated tax payments and 2016 overpayment credited to 2017 5 Exempt foreign organizations - tax withheld at source 6 Tax pand with epiciation for extension of time to title (Form 8868) 6 Exit of 1 Total credits and peyments. Add lines 6s through 6d 7 Total credits and payments. Add lines 6s through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if IForm 2220 is attached 9 Tax dee If the total of lines 5 and 8 is more than line 7, enter than line 7 and the mount overpaid 10 Cverpayment lift line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount office 10 to be Credited to 2018 estimated tax ▶ 3,538. Refunded ▶ 11 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, stale, or focal legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, stale, or focal legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, stale, or focal legislation or did if participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, stale, or focal legislation or did if participate or intervene in any political campaign. 1b Did it spend more than \$100 during the year (either directly or indirectly) for political payments. 1b Did it spend more than \$100 during the year (either directly or indirectly) for political payments. 1c Enter the rembursement (if any) of tax or political expenditures (section 4965) imposed during the year 1c) On the foundation the political expenditures (section 4965) imposed during the year 1c) On the	3	 		7,3		
6 Condist/Payments: a 2017 a stimulated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d C Condition of the second of the state of the second of the se	4					
a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at socirce c [ax paid with applications for extension of time to file (Form 8968) d Backup withholding erroneously withheld 7 Total credits and payments. Add limes Sa through 6d 6c 0. 6c 0. 7 Total credits and payments. Add limes Sa through 6d 7 Total proteins and payments. Add limes Sa through 6d 6c 0. 9 Tax dae If the total of lines Sa and 6 is more than fine 7, entire amount owed 7 Total proteins till file 7 is more than the total of lines Sa and 8, enter the amount owed 8 0. 9 Tax dae If the total of lines Sa and 6 is more than fine 7, entire amount owed 9 Toverpayment [file 7 is more than the total of lines Sa and 8, enter the amount owed 10 Overpayment [file 7 is more than the total of lines Sa and 8, enter the amount owerpaid 11 Enter the amount of line 10 to be Credited to 2018 estimated tax \(\) To 2. Part VII-A Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political earnosep? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political earnosep? 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political earnosep? 15 During the tax year, did the foundation or conscious with the activities. 16 During the tax year, did the foundation in the year (either directly or indirectly) for political purposes? See the instructions for the definition in the year? 16 Enter the amount (fileny) of tax on political expenditures (section 4955) imposed during the year? 17 On the foundation in legislation and any activities that have not previously been reported to the IRS? 18 Has the foundation mediation and any activities that have not previously been reported to the IRS? 18 Has th	5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7,3	<u>37.</u>	
b Exempl foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total creatis and payments. Add lines 6a through 6d 8 0.0. 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overapyment of Inlines 5 and 8, enter the amount overpaid 10 Overapyment If lines / s more than line 10, enter amount overpaid 11 Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 10 3, 538. Refunded ▶ 11 0. 12 During the tax year, did the foundation attempt to intileusce any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to intileusce any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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 Eifer mil 120-POLI tor this year? 16 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year? 17 Did the foundation in Eifer mil 120-POLI tor this year? 2 In the foundation in Eiger mil 120-POLI tor this year? 3 Has the foundation engaged in any activities that have not previously been reported to the IRS? 11 'Yes', attach a detailed description of the activities. 18 Has the foundation engaged in any activities that have not previously been reported to the IRS? 11 'Yes', attach a detailed description of the activities. 19 Has the foundation engaged in any activities that have not previously been reported to the IRS? 11 'Yes', attach a detailed description of the year? 15 Was there a liquication, formination, dissolution, or substantial contraction during the year? 16 Are the requirements of se						
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold 7 Total creats and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 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 owerpaid 11 Enter the amount of line 10 to be. Gredited to 2019 estimated tax. 12 Fart VII-A 1 Statements Regarding Activities 13 Oung 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? 12 Do'd it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition II the answer is Yes to 1a or 1b, attach a detailed description of the activities or distributed by the foundation in connection with the activities. 13 Do'd if spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition II 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. 2 Do'd the foundation. Form 1120-PDL for the year? 3 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 4 In Yes, attach a detailed description of the activities. 5 O_C (2) On foundation managers > S_C_C 6 Enter the amount (if any) and by the foundation during the year for political expenditure tax imposed on foundation managers. S_C_C 7 Extra the foundation make any classification by a section 4955 imposed during the year? 8 Has the foundation nable auricebus period to the IRS? 11 "Yes, attach a detailed description of the activities. 9 By state legislation that effectively amends the governing instrument, or substantial contraction during						
d Backup withholding proneously withheld 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 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overgayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 10 3, 538 . Refunded ▶ 11 0. Part VII-A Statements Regarding Activities 1 During the tax year, did the foundation altermpt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did is pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ► \$ 0. (2) On foundation managers ► \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 10 If "Yes," attach a detailed description of the activities. 4 Au Did the foundation have unrelated business gross income of \$1,000 or more during the year? 11 Yes, "attach the statement required by <i>General Instruction T</i> 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 by language an the governing instrument? 7 by late legislation that effectively amends the governing instrument so that no mandatory directions that confli						
7 10,875. 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached						
8 Enter any penalty for underpayment of estimated tax. Check here						
9 Tax due If the total of lines 5 and 8 is more than the 10tal of lines 5 and 8, enter the amount overpaid 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2018 estimated tax \(\) 3 , 538 . Refunded \(\) 11 0 0. Part VIII-A Statements Regarding Activities 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 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? 1b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition 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. 1c Did the foundation in Eform 1120-P01. for this year? 1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 11 On the foundation. So O. (2) On foundation managers \(\) 0. 2 Has the foundation. \(\) 3 \(\) 0. 2 Has the foundation material of the activities. 3 Has the foundation material description of the activities. 3 Has the foundation material of the activities. 4 By lift "es", attach a detailed description of the activities. 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 1 If "es", attach the statement required by caphages, 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	7	Total credits and payments. Add lines 6a through 6d	1	0,8	<u>75.</u>	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Oredited to 2016 estimated tax ▶ 3,538. Refunded ▶ 11 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or focal legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation in the Form 1120-PDL for this year? d Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) On foundation managers ▶ \$ 0. 2 + Has the foundation made any changes, not previously reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS? If "Yes," thas it field a tax return on Form 990-T for this year? b) If "Yes," thas it field a tax return on Form 990-T for this year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or "Substantial contraction during the year? If "Yes," complete Part III, col. (c), and Part XV 7 X 4a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ XY 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) of each state as req	8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.	
11 Eiter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 3,538 . Refunded ▶ 11 0. Pert VII-A Statements Regarding Activities 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? b Did it spend more than \$100 during the year (either directly or influence any national), state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or influence any political purposes? See the instructions for the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation fle Form 1120-POL for this year? c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Has the foundation made any changes, not previously been reported to the IRS? If Yes, attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS? If Yes, tatch a detailed description of the activities. 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b If Yes, has if flied a tax return on Form 990-T for this year? N/A b If Yes, that if the data tectum on Form 990-T for this year? For 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? C Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				
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If "Yes," attach the statement required by General Instruction T 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? 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 To it the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10					х	
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9				v	
	40				V V	L
	10)-PE		

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valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

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

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b If "Yes," did it have excess business holdings in 2017 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/A3ь 4a

N/A

2b

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Х

statement - see instructions.)

during the year?

Form 990-PF (2017) SAM SWOPE FAMILY FOUNDAT			<u>92-018609</u>	97	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? See instructions		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?	s X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the excentions described				
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A 5	ь	
Organizations relying on a current notice regarding disaster assistance, check			▶	<u> </u>	_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined	· —		
expenditure responsibility for the grant?		I/A 🔲 Ye	s 🗀 No		
If "Yes," attach the statement required by Regulations section 53 4945-5(d)	1	·/ A 16			
	2011 2500011000 200				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No		
a personal benefit contract?				ь	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	שפ	
If "Yes" to 6b, file Form 8870	.h.h	[s X No		ļ
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye		,,	-
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trust		11:44:		'b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, nigniy	/		
List all officers, directors, trustees, and foundation managers and t	hoir componention				
List all officers, directors, trustees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exr	nense
(a) Name and address	hours per week devoted	(If not paid,	l and deferred l	(e) Exp account allowa	, other
BRAD SWOPE	to position DIRECTOR	enter -0-)	compensation	allowa	11063
4326 COMANCHE TRAIL	DIRECTOR				
	0.00	0.	o .l		0.
LOUISVILLE, KY 40207	DIRECTOR		<u> </u>		<u> </u>
PATRICIA G. SWOPE	DIRECTOR		ļ		
1175 OLEANDER DRIVE	0.50	0.	0.		0.
NAPLES, FL 34102		0.	0.		<u> </u>
SUSAN SWOPE	DIRECTOR				
2375 ALEXANDER PALM DR.	0.00		0.		Λ
NAPLES, FL 34105	0.00	0.	0.		0.
	-				
2 Compensation of five highest-paid employees (other than those inc	aluded on line 1) If none	enter "NONE "			
2 Compensation of five nighest-paid employees (other than those inc	(b) Title and average	enter NONE.	(d) Contributions to employee benefit plans	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	i and deterred i	account	, other
	devoted to position		compensation	allOWa	11165
NONE	-				
	-				
	-				
		 			
	4				
	4				
	l	1	<u> </u>	·	
Total number of other employees paid over \$50,000				990-PF	(2017)
			FOIM	23U-FF	(2017)

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Form 990-PF (2017) SAM SWOPE FAMILY FOUNDATION, INC.	92-0	186097 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)		
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		
Total number of others receiving over \$50,000 for professional services		▶ 0
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 productions.		Expenses
1N/A		
2		•
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 li	nes 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
а	Average monthly fair market value of securities	1a	20,558,047.
	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	20,558,047.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,558,047.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	308,371.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	20,249,676.
6	Minimum investment return. Enter 5% of line 5	6	1,012,484.
P	art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(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	1,012,484.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	7,337.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,005,147.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,005,147.
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	1,005,147.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 150 106
а	· · · · · · · · · · · · · · · · · · ·	1a	1,153,486.
b	· · · · · · · · · · · · · · · · · · ·	_1b	<u> </u>
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	
b	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	1,153,486.
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	7,337.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,146,149.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies f	for the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7				1,005,147.
2 Undistributed income, if any, as of the end of 2017				1,003,147.
a Enter amount for 2016 only			0.	
b Total for prior years				
,,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 1,660.				
b From 2013 68,057.		-		
c From 2014 59,776.				
d From 2015 124, 985.				
e From 2016 49,748.	204 206			
f Total of lines 3a through e	304,226.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: > \$ 1,153,486.				
a Applied to 2016, 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 2017 distributable amount	0.	·		1,005,147.
e Remaining amount distributed out of corpus	148,339.			1,000,147.
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	452,565.			
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 2016 Subtract line 4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018	Ĭ			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	1			
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	1,660.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	450,905.			
10 Analysis of line 9:				
a Excess from 2013 68,057.				
b Excess from 2014 59,776.				
c Excess from 2015 124, 985.				
d Excess from 2016 49,748.				
e Excess from 2017 148,339.	l			Form 990-PF (2017)

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Form **990-PF** (2017)

Part XIV Private Operating Fo	PE FAMILY F	OUNDATION,	INC.		86097 Page 10
			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · ·			
foundation, and the ruling is effective for	•	•	▶ └	7.40.40(.)(0)	140(1/5)
b Check box to indicate whether the found		ig louridation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(a) Tatal
	(4) 2017	(0) 2010	(6) 2013	(0) 2014	(e) Total
investment return from Part X for					
each year listed			 		/
b 85% of line 2a		<u> </u>	 	 	
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			1		
exempt activities			 	/	
e Qualifying distributions made directly					
for active conduct of exempt activities			/		
Subtract line 2d from line 2c Complete 3a, b, or c for the			 		
alternative test relied upon:					
a "Assets" alternative test - enter:				İ	
(1) Value of all assets			/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			<u> </u>	<u> </u>	
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			ļ		
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)			1		
(2) Support from general public		<u>/</u>			
and 5 or more exempt	/				
organizations as provided in	/				
section 4942(j)(3)(B)(iii) (3) Largest amount of support from	·				
1,					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	re in assets
at any time during the			ii tiio ioanaatioi	111111111111111111111111111111111111111	oro iii dodoto
1 Information Regarding Foundation					
a List any managers of the foundation who	•	than 2% of the total cont	ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed m			nound no room ou by in-		oo or arry tarr
NONE					
b List any managers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation has			or arroquany large port	ion of the owner only of a p	ar triol ornp or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:	·	·
Check here ► X if the foundation of			-	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numb	er or email address of th	e person to whom applic	ations should be addres	ssed.	
,,					
b The form in which applications should be	e submitted and informat	ion and materials they sh	only include.		
c Any submission deadlines.					
- · · · · · · · ·					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kinds of institutions, or	other factors	
		·	,		
					

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	any foundation manager or substantial contributor	recipient		
a Paid during the year BOYS AND GIRLS CLUBS OF KENTUCKIANA 3900 CRITTENDEN DRIVE	NONE	PUBLIC CHARITY	SUPPORT	
LOUISVILLE, KY 40209				10,000.
PAWS WITH PURPOSE P.O. BOX 5458 LOUISVILLE, KY 40255	NONE	PUBLIC CHARITY	SUPPORT	22,500.
WHAS CRUSADE FOR CHILDREN 520 WEST CHESTNUT ST.	NONE	PUBLIC CHARITY	SUPPORT	
LOUISVILLE, KY 40202				36,707.
21ST CENTURY PARKS INC 471 WEST MAIN STREET, SUITE 202 LOUISVILLE, KY 40202	NONE	PUBLIC CHARITY	SUPPORT	1,900.
A WOMAN'S CHOICE NICHOLAS PLACE 101 W. MARKET STREET LOUISVILLE, KY 40202	NONE	PUBLIC CHARITY	SUPPORT	5,000.
	TINUATION SHEE	T(S)	▶ 3a	1,077,807.
NONE				
Total			▶ 3b Fo	0 . rm 990-PF (2017)

Part XVI-A	Analysis of Income-Pro	ducing Activitie
rait Avi-A	Analysis of income-ric	ducing Activitie

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-	Code		Code		
					
· ·		-			
d			- - -		
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	36,769.	
4 Dividends and interest from securities			14	373,553.	
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			14	9,920.	
8 Gain or (loss) from sales of assets other			<u> </u>	7,720.	
than inventory			14	396,623.	
9 Net income or (loss) from special events				330,023.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)).	816,865.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	816,865.
(See worksheet in line 13 instructions to verify calculations)			·		

rait Avi-b Relationship of Activities to the Accomplishment of Exempt Purposes	Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
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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)

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Form 990-P				NDATION, INC			0186097		ige 13
Part X\	Information Re Exempt Organ		nsfers to a	nd Transactions a	and Relation	ships With Nor	ncharitable		
1 Did th	e organization directly or indi	rectly engage in any	of the followin	g with any other organizat	ion described in se	ection 501(c)		Yes	No
(other	than section 501(c)(3) organ	nizations) or in secti	on 527, relating	to political organizations?	7				
a Trans	fers from the reporting found	ation to a noncharit	able exempt or	ganization of					
(1) C							1a(1)		X
(2) 0	ther assets						1a(2)		X
b Other	transactions:								
	ales of assets to a noncharita						1b(1)		X
	urchases of assets from a no	•	organization				1b(2)		X
	ental of facilities, equipment,						1b(3)		X
٠.	eimbursement arrangements						1b(4)		X
	oans or loan guarantees	anharahin ar filadus					1b(5)		X
	erformance of services or me ng of facilities, equipment, ma						1b(6)		X
	answer to any of the above is			· -	lwave chow the fai	ir market value of the	1c	ate	
or ser	vices given by the reporting f	oundation If the fol	undation receive					,	
(a) Line no	(b) Amount involved			exempt organization	(d) Descript	tion of transfers, transaction	one and sharing ar	angeme	
(4) 2.110 110	(b) / modific myoryod	(b) Hamb c	N/A	oxompt organization	(d) Descript	non or transfers, transaction	ons, and snamly an	angeme	
		· · · · · · · · · · · · · · · ·							
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							.		
							,		
	i								
	foundation directly or indirection 501(c) (other than section			or more tax-exempt organ	nizations described	1	Yes	X	No
b If "Yes	s," complete the following sch					7.10	-1-4		
	(a) Name of org	janization		(b) Type of organization		(c) Description of re	elationship		
	N/A								
			·						
									
- 1				g accompanying schedules and			May the IHS of	discuss	this
Sign	nd belief, it is true correct and cor	inplete Declaration of p	ereparer (other thai	n taxpayer) is based on all infor			return with the shown below	e prepar ? See in:	er str
Here) vare	may -		9-7-18	- Partie	CTOR	LX_ Yes	L_	J No
L	Signature of officer or trustee			Date	Title	1 05-21.	D711		
	Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if	PTIN		
Paid	DDT332 4000	•	1 / AM	'_	8/7/10	self- employed	חחרפים	2 <i>E</i> 1	
Prepar	er BRIAN MOSS Firm's name ► BOW		DD PLL	<u></u>	1/1/0	Firm's EIN ▶ 6	P00632		
Use Or	1	NDEM & MOC	חחם אחר			FIIHI SEIN PO	T-0/134	<i>J</i> /	
	Firm's address ► 30	4 MIDDLE	rown pa	RK PLACE					
		UISVILLE				Phone no (5	02)583-	026	2
							Form 99 0		

N/A

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
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	CONTRIDUCTOR)	,dilt
ALPHA SIGMA OF KAPPA SIGMA EDUCATION	NONE	PUBLIC CHARITY	SUPPORT	
145 E. RICH ST., FLOOR 2				
COLUMBUS, OH 43215				10,00
AMERICAN DED CROCC	NOVE		aug page	
AMERICAN RED CROSS 431 18TH STREET NW	NONE	PUBLIC CHARITY	SUPPORT	
VASHINGTON, DC 20006				10.00
				10,55
BAPTIST HEALTH FOUNDATION	NONE	PUBLIC CHARITY	SUPPORT	
4000 KRESGE WAY LOUISVILLE, KY 40207				
LOUISVILLE, KI 40207		 		20,00
CAVE HILL HERITAGE FOUNDATION	NONE	PUBLIC CHARITY	SUPPORT	
701 BAXTER AVENUE				
LOUISVILLE, KY 40204		 		2,50
CENTER FOR WOMEN AND FAMILIES	NONE	PUBLIC CHARITY	SUPPORT	
PO BOX 2048				
LOUISVILLE, KY 40201			<u> </u>	50,000
REVOLUTION DEVELOPMENT CYCLING	NONE	PUBLIC CHARITY	SUPPORT	
1806 GRESHAM ROAD				
LOUISVILLE, KY 40205		<u> </u>		5,000
ELDERSERVE INC	NONE	PUBLIC CHARITY	SUPPORT	
411 EAST MUHAMMAD ALI BLVD	NOME	tobbic chariff	BOFFORT	
LOUISVILLE, KY 40202		<u> </u>		5,000
ALS OF KENTUCKY 3640 HAINES DRIVE	NONE	PUBLIC CHARITY	BUPPORT	
FLORENCE, KY 41042				2,000
FRIEND FOR LIFE CANCER SUPPORT	none	PUBLIC CHARITY	SUPPORT	
NETWORK				
4007 KRESGE WAY				1 00
LOUISVILLE, KY 40207	 			1,000
FUND FOR THE ARTS	NONE	PUBLIC CHARITY	SUPPORT	
623 WEST MAIN STREET				
LOUISVILLE, KY 40202 Total from continuation sheets		1	L	3,000 1,001,700

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	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	Continuution	
JEWISH FAMILY AND CAREER SERVICES	NONE	PUBLIC CHARITY	SUPPORT	
0821 KLEMPNER WAY COUISVILLE KY 40205				5.00
30315V111111, XI 10105				3,00
HEUSER HEARING AND LANGUAGE ACADEMY	NONE	PUBLIC CHARITY	SUPPORT	· ·
17 EAST KENTUCKY STREET				{
OUISVILLE, KY 40203				5,00
				<u> </u>
IOME OF THE INNOCENTS .000 EAST MARKET STREET	NONE	PUBLIC CHARITY	SUPPORT	ĺ
OUISVILLE, KY 40206				25,00
v				
ENTUCKY HUMANE SOCIETY	NONE	PUBLIC CHARITY	SUPPORT	
000 LYNDON LANE				100.00
OUISVILLE, KY 40222				100,00
COSAIR CHARITIES INC	NONE	DUDI 10 CUADIMY	CHROOM	
882 EASTERN PARWAY	NONE	PUBLIC CHARITY	SUPPORT	
LOUISVILLE, KY 40233				100,00
LEUKEMIA LYMPHOMA SOCIETY 301 E MAIN STREET SUITE 100	NONE	PUBLIC CHARITY	SUPPORT	
LOUISVILLE, KY 40202				10,00
LINCOLN HERITAGE COUNCIL	NONE	PUBLIC CHARITY	SUPPORT	
2001 SYCAMORE STATION PLACE	}			100.00
,			-	200,00
T, JOSEPHS HOME	NONE	PUBLIC CHARITY	SUPPORT	
823 FRANKFORT AVE				
OUISVILLE KY 40206		-		1,00
OUISVILLE PUBLIC MEDIA 19 SOUTH FOURTH STREET	NONE	PUBLIC CHARITY	SUPPORT	
LOUISVILLE, KY 40202		ļ		25,00
METRO UNITED WAY	NONE	PUBLIC CHARITY	SUPPORT	
334 E. BROADWAY OUISVILLE KY 40204				20,00
Total from continuation sheets		<u> </u>		20,00

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	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	CONTRIBUTION	
CASA 982 EASTERN PARWAY LOUISVILLE, KY 40217	NONE	PUBLIC CHARITY	SUPPORT	10,000.
MARYHURST 1015 DORSEY LANE LOUISVILLE KY 40223	NONE	PUBLIC CHARITY	SUPPORT	24,700.
MPOWER 106 N. WATTERSON TRAIL LOUISVILLE, KY 40243	NONE	PUBLIC CHARITY	SUPPORT	5,000.
NORTON HEALTHCARE FOUNDATION 234 E. GRAY ST SUITE 450 LOUISVILLE, KY 40202	NONE	PUBLIC CHARITY	SUPPORT	10,000.
OLMSTEAD PARKS CONSERVANCY 1299 TREVILLIAN WAY LOUISVILLE, KY 40213	NONE	PUBLIC CHARITY	SUPPORT	50,000.
OPERATION CARE 708 MAIN ST. PO BOX 1393 SHELBYVILLE, KY 40065	NONE	PUBLIC CHARITY	SUPPORT	5,000.
SECOND CHANCES WILDLIFE CENTER P.O. BOX 572 GOSHEN, KY 40026	NONE	PUBLIC CHARITY	SUPPORT	100,000.
HOSEA'S HOUSE P.O. BOX 991492 LOUISVILLE, KY 40269	NONE	PUBLIC CHARITY	SUPPORT	5,000.
FAMILY SCHOLAR HOUSE 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	NONE	PUBLIC CHARITY	SUPPORT	10,000,
SOUTHEAST CHRISTIAN CHURCH 920 BLANKENBAKER PKWY LOUISVILLE, KY 40243 Total from continuation sheets	NONE	PUBLIC CHARITY	SUPPORT	10,000.

SAM SWOPE FAMILY FOUNDATION, INC.

92-0186097

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 THE MORTON CENTER NONE PUBLIC CHARITY SUPPORT 102 BARRET AVE LOUISVILLE, KY 40204 2,500. THE PARKLANDS OF FLOYDS FORK NONE PUBLIC CHARITY SUPPORT 471 WEST MAIN STREET, SUITE 202 LOUISVILLE, KY 40202 10,000. THE POTTER'S WHEEL PUBLIC CHARITY SUPPORT NONE P.O. BOX 18397 5,000. LOUISVILLE, KY 40261 NONE PUBLIC CHARITY SUPPORT CHILDREN'S HOSPITAL FOUNDATION 234 E. GRAY ST SUITE 450 LOUISVILLE, KY 40202 10,000. USPIRITUS NONE PUBLIC CHARITY SUPPORT 3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218 5,000. PUBLIC CHARITY SUPPORT LIVING WATERS FOR THE WORLD NONE 5016 SPEDALE COURT SPRING HILL, TN 37174 25,000. WEST END SCHOOL NONE PUBLIC CHARITY SUPPORT 3628 VIRGINIA AVE LOUISVILLE KY 40211 10,000. PUBLIC CHARITY SUPPORT YMCA OF GREATER LOUISVILLE NONE 545 SOUTH 2ND STREET 5,000. LOUISVILLE, KY 40202 VOLUNTEERS OF AMERICA NONE PUBLIC CHARITY SUPPORT 570 SOUTH 4TH STREET LOUISVILLE, KY 40202 10,000. PUBLIC CHARITY SUPPORT THE HEALING PLACE NONE 1020 W. MARKET STREET 100,000. LOUISVILLE, KY 40202

Total from continuation sheets

Recommend to the second continuing to a second continuing to the second	SAM SWO	OPE FAMILY FOUNI	DATION, INC	92-01	86097
MELLSPING P.O. BOX 1927 LOUISVILLE KY 40201 ROSPARUS HEALTH 3532 FERRAIM MCDOWELL DRIVE LOUISVILLE KY 40205 ST. MATTHEWS HOUSE 201 AIRCORT ROAD SOUTH WAPLES, FL 14112 XY HARM REDUCTION COALITION 963 S. SECOND STREET LOUISVILLE, KY 40203 10.000					
MELLSPING P.O. BOX 1927 LOUISVILLE KY 40201 ROSPARUS HEALTH 3532 FERRAIM MCDOWELL DRIVE LOUISVILLE KY 40205 ST. MATTHEWS HOUSE 201 AIRCORT ROAD SOUTH WAPLES, FL 14112 XY HARM REDUCTION COALITION 963 S. SECOND STREET LOUISVILLE, KY 40203 10.000	Recipient		status of	Purpose of grant or contribution	Amount
P.O. ROX 1927 LQUISVILLE_KY 40201 HOSPARUS HEALTH STORE PUBLIC CHARITY SUPPORT 30,000 ST. MATTHEWS HOUSE		or substantial contributor	recipient		
LOUISVILLE RY 40201 HOSPARUS HEALTH 3512 EPHRAIM MCDOWELL DRIVE LOUISVILLE RY 40205 ST. MATTHEWS HOUSE 2001 AIRPORT ROAD SOUTH NAPLES, FL 34112 KY HARM REDUCTION COALITION 963 S. SECOND STREET LOUISVILLE, RY 40203 LOUISVILLE, RY 40203 ANNE PUBLIC CHARITY SUPPORT 30,000 ANNE PUBLIC CHARITY SUPPORT 10,005		NONE	PUBLIC CHARITY	SUPPORT	
3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205 ST. MATTHEWS HOUSE 2001 ATROXT ROAD SOUTH NAPLES, PL 34112 KY HARM REDUCTION COALITION 963 S. SECOND STREET LOUISVILLE, KY 40203 10,000					20,000.
3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205 ST. MATTHEWS HOUSE 2001 ATROXT ROAD SOUTH NAPLES, PL 34112 KY HARM REDUCTION COALITION 963 S. SECOND STREET LOUISVILLE, KY 40203 10,000			j		
ST. MATTHEMS HOUSE 2001 AIRPORT ROAD SOUTH NAPLES, FL 34112 XY HARM REDUCTION COALITION 963 S. SECOND STREET LOUISVILLE, KY 40203 10,000	3532 EPHRAIM MCDOWELL DRIVE	NONE	PUBLIC CHARITY	SUPPORT	
2001 AIRPORT ROAD SOUTH NAPLES, FL 34112 KY HARM REDUCTION COALITION 963 S, SECOND STREET LOUISVILLE, KY 40203 10,000	LOUISVILLE, KY 40205		+		30,000.
NAPLES, FL 34112 KY HARM REDUCTION COALITION NONE PUBLIC CHARITY SUPPORT LOUISVILLE, KY 40203 10,000		NONE	PUBLIC CHARITY	SUPPORT	
963 S. SECOND STREET LOUISVILLE, KY 40203 10,000			<u> </u>		30,000.
963 S. SECOND STREET LOUISVILLE, KY 40203 10,000					
LOUISVILLE, KY 40203 10,000		NONE	PUBLIC CHARITY	SUPPORT	
	LOUISVILLE, KY 40203		-		10,000.
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			+		
Tables a seisuria shab					
LOTAL TOMI CONTINUATION STREETS	Total from continuation sheets		<u> </u>		

FORM 990-PF INTER	EST ON SAVING	S AND T	EMPORARY	CASH 1	INVESTMENTS	STATEMENT	1
SOURCE		RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
MORGAN STANLEY			36,769.		36,769.		
TOTAL TO PART I, I	INE 3		36,769	· ———	36,769.		
FORM 990-PF	DIVIDENDS	AND INT	EREST FI	ROM SECT	JRITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S I	(A) REVENUE ER BOOKS	(B) NET INVES MENT INCO		
PORTFOLIO OF MUTUAL FUNDS SKYBRIDGE MULTI-ADVISER	422,547.	67,	102.	355,44!	5. 355,44	45.	
HEDGE FUND	18,108.		0.	18,10	8. 18,10	08.	
TO PART I, LINE 4	440,655.	67,	102.	373,55	373,55	53.	
FORM 990-PF		OTHER	INCOME			STATEMENT	3
DESCRIPTION			(A REVEI PER BO	NUE	(B) NET INVEST MENT INCOM		
RETURN OF CAPITAL		9,920.	9,920	0.			
TOTAL TO FORM 990-	-PF. PART T. 1	TNE 11		9,920.	9,92	0.	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING FEES	8,570.	4,285.		4,285.	
TO FORM 990-PF, PG 1, LN 16B	8,570.	4,285.		4,285.	
FORM 990-PF	TAXES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FOREIGN TAXES	7,619.	7,619.		0.	
TO FORM 990-PF, PG 1, LN 18	7,619.	7,619.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
BROKER MANAGEMENT FEES	116,632.	58,316.		58,316.	
OFFICE EXPENSE	130.	0.		130.	
OFFICE EXPENSE	130.	58,316.		130.	
OFFICE EXPENSE TO FORM 990-PF, PG 1, LN 23	130.	0. 58,316. E STOCK	OK VALUE	58,446.	
OFFICE EXPENSE TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	130.	0. 58,316. E STOCK	OK VALUE 3,024,665.	58,446. STATEMENT 7 FAIR MARKET	