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## Form **990-PF** Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For (	alen	dar year 2011 or tax year beginning		, and ending		
-		foundation			A Employer identification	number
		GEORGE AND MARY JO BUD				
_		NDATION C/O GEORGE J. B			35-2389585	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		PARK ROAD			(513)562-8	244
-		wn, state, and ZIP code			C If exemption application is p	ending, check here
<u> </u>	OR'	r MITCHELL, KY 41011	- Processor	······································	_	
G	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me	eting the 85% test.
		Address change	Name change		Foreign organizations me 2. check here and attach co	mputation
H_(	-	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
<u></u>			Other taxable private founda		under section 507(b)(1)	(A), check here
		rket value of all assets at end of year   J Accounting	•	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	(B), check here
	\$	35,450. (Part I, columnal Analysis of Revenue and Expenses				(d) p
Pa	rt I	(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)
	1	Contributions, gifts, grants, etc., received	26,220.		N/A	
	2	Check In the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)		···.		
a	6a	Net gain or (loss) from sale of assets not on line 10				
an a	b	Gross sales price for all assets on line 6a			1	
Revenue	7	Capital gain net income (from Part IV, line 2)		0 .	•	
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a	and allowances				
		Less Cost of goods sold	<u> </u>			
		Gross profit or (loss)	<del>\</del>			
	11	Other income  Total. Add lines 1(through 11 o A. 2012	26,220.	0.		
	12	Compensation of officers, directors, trustees, etc	₹\ 20,220. 0.	0		0.
	13	Other employee salaries and wages	0.1	<b>U</b> .	•	· · · · · · · · · · · · · · · · · · ·
	14 15	Pension plans, employee benefits				
es	162	Legal fees				
	l	Accounting fees STMT 1	1,220.	0		0.
Ž	l .	Other professional fees				
# FOLT Administrative Expens	17	Interest				
ati	18	Taxes				
ist	19	Depreciation and depletion				
Ë	20	Occupancy				
T P	21	Travel, conferences, and meetings				
and .	22	Printing and publications				
ام ق	•	Other expenses				
atir at	24	Total operating and administrative				
		expenses. Add lines 13 through 23	1,220.	0	•	0.
Ti <sup>o</sup>	25	Contributions, gifts, grants paid	14,550.		<u> </u>	14,550.
吴	26	Total expenses and disbursements.				
2		Add lines 24 and 25	15,770.	0	•	14,550.
SCANNED MAN Operating	27	Subtract line 26 from line 12:				
IJ	a	Excess of revenue over expenses and disbursements	10,450.		ļ	
	1	Net investment income (if negative, enter -0-)		0		
1234		Adjusted net income (if negative, enter -0-)	<u></u>		N/A	5 000 DF (2011)
12-0	01 2-11	LHA For Paperwork Reduction Act Notice, see	instructions.		$\lambda$	Form <b>990-PF</b> (2011)

THE GEORGE AND MARY JO BUDIG FAMILY FOUNDATION C/O GEORGE J. BUDIG

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
_	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	25,000.	35,450.	35,450.
	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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			·
	Ь	Investments - corporate stock			
	С	Investments - corporate bonds			<u> </u>
	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			
_	16	Total assets (to be completed by all filers)	25,000.	35,450.	<u>35,450.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	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			
es		and complete lines 24 through 26 and lines 30 and 31.			
Ce	!	Unrestricted			
Fund Balanc	25	Temporarily restricted			
8	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
9	Í	and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	25,000.	35,450.	
Net	30	Total net assets or fund balances	25,000.	35,450.	
			25 000	35 450	
_	31	Total liabilities and net assets/fund balances	25,000.	35,450.	· –
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	
•		st agree with end-of-year figure reported on prior year's return)	. 00		25,000.
2	-	r amount from Part I, line 27a		2	10,450.
		r increases not included in line 2 (itemize)		3	10,450.
		lines 1, 2, and 3		4	35,450.
		eases not included in line 2 (itemize)		5	35,430.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (h) line 30	6	35,450.

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35-2389585 Form 990-PF (2011) FOUNDATION C/O GEORGE J. BUDIG Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D - Donation 1a NONE Ь C đ е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а b C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 8,208 .000000 0. 2010 2009 2008 2007 2006 .000000 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 .000000 20,158. Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 0. Multiply line 4 by line 3 5 0. Enter 1% of net investment income (1% of Part I, line 27b) 0. 7 Add lines 5 and 6 14,550.

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

THE GEORGE AND MARY JO BUDIG FAMILY FOUNDATION C/O GEORGE J. BUDIG 35-2389585 Form 990-PF (2011) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here land enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 0. 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 6b b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 0. 7 Total credits and payments. Add lines 6a through 6d 7 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 0. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax Refunded 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Х c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (1) On the foundation. > \$ 0. (2) On foundation managers. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 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 made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) KY b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) X of each state as required by General Instruction G? If "No," attach explanation 8b 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV X

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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

THE GEORGE AND MARY JO BUDIG FAMILY

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	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► MR. GEORGE J. BUDIG  Telephone no. ► (513)		<u> 324</u>	4
	Located at ► 129 PARK ROAD, FORT MITCHELL, KY ZIP+4 ►	11011		<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>,</b> ,,▶	
	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	1 1	res	
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	- {		
Pá	country  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
نت	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	- T	Yes	No
1:	a 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)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ll		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1		
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ı	olf 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)?	, <u>1b</u>		
	Organizations relying on a current notice regarding disaster assistance check here	1		
(	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 2011?	1c		<u> </u>
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)):			
i	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?  Yes X No	1 1		
1	If "Yes," list the years \( \sum			
	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.)	2ъ		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
	b If "Yes," did it have excess business holdings in 2011 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,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)  N/A	3ъ_		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2011?	4b		X

THE GEORGE AND MARY JO BUDIG FAMILY 35-2389585 FOUNDATION C/O GEORGE J. BUDIG Page 6 Form 990-PF (2011) Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for 🗌 Yes 🔀 No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained 」Yes □ No N/A expenditure responsibility for the grant? 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 pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account other (a) Name and address (If not paid, enter -0-) allowances compensation GEORGE J. BUDIG TRUSTEE 129 PARK ROAD FORT MITCHELL, KY 41011 0. 0 0. 2.00 TRUSTEE MARY JO BUDIG 129 PARK ROAD KY 41011 2.00 0 0 0. FORT MITCHELL, 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation compensation NONE

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Total number of other employees paid over \$50,000

All other program-related investments. See instructions.

Total. Add lines 1 through 3

<u>For</u>	m 990-PF (2011) FOUNDATION C/O GEORGE J. BUDIG	<u> 35-2389585</u>	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see instructions.)	)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	<u>1b</u> 20	,465.
C	Fair market value of all other assets .	1c	-
d	Total (add lines 1a, b, and c)	1d 20	,465.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	] [	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 20	,465.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	307.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 20	,158.
6	Minimum investment return. Enter 5% of line 5	6 1	,008.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1 1	,008.
2a			
Ь		]	
C		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 1	,008.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 1	,008.
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		,008.
P	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 14	,550.
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	
	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 14	,550.
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 14	,550.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the section	
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	<del></del>	<del> </del>	т	<del></del>
	(a) Corpus	(b) Years prior to 2010	(c) 2010	<b>(d)</b> 2011
1 Distributable amount for 2011 from Part XI,				
line 7				1,008.
2 Undistributed income, if any, as of the end of 2011			400	
a Enter amount for 2010 only			103.	·
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:		0.		
a From 2006				
<b>b</b> From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from	0.			<u> </u>
Part XII, line 4: ▶ \$ 14,550.				
a Applied to 2010, but not more than line 2a			103.	
<b>b</b> Applied to undistributed income of prior	-			······································
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				1,008.
e Remaining amount distributed out of corpus	13,439.			
5 Excess distributions carryover applied to 2011	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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,439.			
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		0.		
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract			•	·· ·· ·· ··
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	<u></u>			
Subtract lines 7 and 8 from line 6a	13,439.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 13,439.				

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

FOUNDATION C/O GEORGE J. BUDIG

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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year TAX-EXEMPT A WISH COME TRUE INC. C/O N KINGSTON NONE UNRESTRICTED CHAMBER OF COMM TAX-EXEMPT CONTRIBUTION 8045 POST ROAD TAX-EX NORTH KINGSTON RI 02852 200. AAA CHILDREN'S OUTING NONE UNRESTRICTED TAX-EXEMPT TAX-EXEMPT CONTRIBUTION 15 WEST CENTRAL PKWY CINCINNATI, OH 45202 CAX-EX 100. ALZHEIMER'S ASSOCIATION NONE TAX-EXEMPT UNRESTRICTED 644 LINN ST SUITE 1026 CONTRIBUTION 50, CINCINNATI OH 45203 ALZHEIMER'S DISEASE FUND NONE TAX-EXEMPT UNRESTRICTED PO BOX 96673 CONTRIBUTION WASHINGTON DC 20090 50. AMERICAN CANCER SOCIETY - NORTHERN NONE TAX-EXEMPT UNRESTRICTED KENTUCKY OFFICE CONTRIBUTION 297 BUTTERMILK PIKE FT MITCHELL, KY 41011 50. CONTINUATION SHEET(S) <u>Total</u> SEE ▶ 3a 14.550. b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Exclud	led by section 512, 513, or 514	(a)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7.1100111	i and an income
a b	- <del>                                    </del>				
c	1				
d					
e		<del></del>			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments				<del> </del>	
3 Interest on savings and temporary cash			1	<del></del>	
investments					
4 Dividends and interest from securities					
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			1 1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c	1 1				
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	_
(See worksheet in line 13 instructions to verify calculations.	)			_	
Part XVI-B Relationship of Activities		nplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which in	ncome is reported in (	column (e) of Part XVI-A	A contrib	uted importantly to the accor	mplishment of
the foundation's exempt purposes (other th				. ,	•
		·			
		•			
123821	· ·				- 000 DE

123821 12-02-11

Form 990-PF (2011) FOUNDATION C/O GEORGE J. BUDIG 35-2389585

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

35-2389585 Page 13

		Exempt Organ	izations							
1	Did the org	janization directly or indir	ectly engage in any	of the following	g with any other organization	on described in secti	on 501(c) of		Yes	No
	the Code (	other than section 501(c)	(3) organizations) o	r in section 52	7, relating to political organ	nzations?				
a	Transfers t	from the reporting founda	ation to a noncharital	ble exempt org	ganization of:					
	(1) Cash				•			1a(1)		_X_
	(2) Other	assets						1a(2)		X
b	Other trans	sactions:								ļ
	(1) Sales	of assets to a noncharital	ble exempt organizat	tion				1b(1)		_X_
	(2) Purch	ases of assets from a noi	ncharitable exempt o	organization				1b(2)		X.
	(3) Renta	l of facilities, equipment,	or other assets					1b(3)		X
	(4) Reimb	oursement arrangements						1b(4)		X
	(5) Loans	or loan guarantees						1b(5)		X
	(6) Perfor	rmance of services or me	mbership or fundrai	sing solicitatio	ns			1b(6)		X
C	_	facilities, equipment, ma	• .		•			<u> 1c</u>	<u> </u>	<u>X</u> _
d		-		-	dule. Column (b) should ah	-			sets,	
					ed less than fair market valu	ue in any transaction	or snaring arrangement,	snow in		
a):		) the value of the goods, (b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and	Lebaring at	rangeme	
47.		(b) Amount involved	(e) Hamo of	N/A	oxempt organization	(u) Description	or uarsiers, narisactions, and	i siiailiy a	angeme	
				И/А						
					<del></del>					
					·					
_		<del></del>								
					··· · · · · · · · · · · · · · · · · ·					
	ın section	ndation directly or indirect 501(c) of the Code (other complete the following sch	r than section 501(c		or more tax-exempt organi ion 527?	izations described	[	Yes	[X	 ] No
		(a) Name of org			(b) Type of organization		(c) Description of relation	ship		
		N/A								
						-				
		-				<u> </u>				
	gn ere			•	n taxpayer) is based on all inform	· ·	r has any knowledge re	ay the IRS turn with the	e prepa	rer
	19.	Print/Type preparer's na	ame	Preparer's s		Date	Check If PTIN			
		, , , , ,			=		self- employed			
Pa	aid	JANE E. PF	'EIFER	JANE E	. PFEIFER	02/15/12	PC	0014	949	
	reparer se Only	Firm's name ► CLA				20.	Firm's EIN ► 31-0			
	•	Firm's address ► ON	E EAST FO	URTH S	T, SUITE 120	0				
			NCINNATI				Phone no. 513-	241-	311	.1_
		-						orm QQf	)_DE	(2011)

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

THE GEORGE AND MARY JO BUDIG FAMILY

OMB No 1545-0047

**Employer identification number** 

35-2389585 FOUNDATION C/O GEORGE J. BUDIG Organization type (check one). Filers of: Section: \_\_\_ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE GEORGE AND MARY JO BUDIG FAMILY

FOUNDATION C/O GEORGE J. BUDIG

Employer identification number

35-2389585

Part I	Contributors	(see instructions)	. Use duplicate cor	pies of Part I if additio	nal space is needed.
--------	--------------	--------------------	---------------------	---------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE J. BUDIG  129 PARK ROAD  FORT MITCHELL, KY 41011	\$ <u>26,220.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE GEORGE AND MARY JO BUDIG FAMILY FOUNDATION C/O GEORGE J. BUDIG

35-2389585

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions) Use duplicate copies of Pai	τ II IT additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
153 01-23		Sahadula B /Farm	990, 990-EZ, or 990-PF) (2

lame of orga			Employer identification number		
	CORGE AND MARY JO BUDIG		25 2200505		
Part III	Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	dual contributions to section 501(c) e following line entry. For organizatio , contributions of \$1,000 or less for	35-2389585 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift	ft		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gif	ft  Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee		

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		<del></del>	<del></del>	
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		
AMERICAN DIABETES ASSOCIATION	NONE	TAX-EXEMPT	UNRESTRICTED	
1701 N BEAUREGARD ST			CONTRIBUTION	
ALEXANDRIA, VA 22311_				50.
AMERICAN FOUNDATION FOR THE BLIND	NONE	TAX-EXEMPT	UNRESTRICTED	
INC.			CONTRIBUTION	
2 PENN PLAZA SUITE 1102				
NEW YORK, NY 10121				50.
AMERICAN INSTITUTE FOR CANCER	NONE	TAX-EXEMPT	UNRESTRICTED	
RESEARCH	NONE		CONTRIBUTION	
1759 R STREET NW, PO BOX 97167				
WASHINGTON , DC 20090				50.
AMERICAN LEGION	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 361656			CONTRIBUTION	
INDIANAPOLIS, IN 46236				50.
AMERICAN LEPROCY MISSIONS	NONE	TAX-EXEMPT	UNRESTRICTED	
1 ALM WAY			CONTRIBUTION	
GREENVILLE, SC 29601				50.
		1.		
AMERICAN RED CROSS - CINCINNATI REGION	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
2111 DANA AVE			CONTRIBUTION	
CINCINNATI, OH 45207				100.
AMURMS NAMIONAL SERVICE POINTAMION	MONE	TAY_DYDMDT	UNRESTRICTED	
AMVETS - NATIONAL SERVICE FOUNDATION 4647 FORBES BLVD	NONE	TAX-EXEMPT	CONTRIBUTION	
LANHAM, MD 20706				50.
ARBOR DAY FOUNDATION	NONE	TAX-EXEMPT	UNRESTRICTED	
100 ARBOR AVENUE			CONTRIBUTION	
NEBRASKA CITY, NE 68410		ļ		50.
ARTHRITIS FOUNDATION	NONE	TAX-EXEMPT	UNRESTRICTED	
7124 MIAMI AVENUE			CONTRIBUTION	
CINCINNATI, OH 45243				50.
ARTSWAVE	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 630561			CONTRIBUTION	
CINCINNATI OH 45263				25.
Total from continuation sheets				14,100,

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
E CONCERNED	NONE	TAX-EXEMPT	UNRESTRICTED	
14 WASHINGTON ST COVINGTON, KY 41011			CONTRIBUTION	12
BEECHWOOD BAND BOOSTERS	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 17353			CONTRIBUTION	
T MITCHELL, KY 41017				50
BEECHWOOD EDUCATIONAL FDTN	NONE	TAX-EXEMPT	UNRESTRICTED	
0 BEECHWOOD ROAD	NONE	TAX BALLIT I	CONTRIBUTION	
FT MITCHELL, KY 41017				100
BEHRINGER - CRAWFORD MUSEUM L600 MONTAGUE RD - DEVOU PARK	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
COVINGTON, KY 41011			CONTRIBUTION	_ 15
BOONE CONSERVANCY	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 416			CONTRIBUTION	_
BURLINGTON KY 41005		+		5
BOONE COUNTY CASA - COURT APPOINTED	NONE	TAX-EXEMPT	UNRESTRICTED	
SPECIAL ADVOC			CONTRIBUTION	
2989 WASHINGTON SQUARE BURLINGTON KY 41005				10
BOY SCOUTS OF AMERICA	NONE	TAX-EXEMPT	UNRESTRICTED	
L0078 READING RD			CONTRIBUTION	
CINCINNATI OH 45241				10
BOYS HOPE GIRLS HOPE	NONE	TAX-EXEMPT	UNRESTRICTED	
4225 MALSBARY RD SUITE 208			CONTRIBUTION	
CINCINNATI, OH 45242				5
DDIVITE BOOKE BOD BY THE CUTY DOCTOR	NOME	may pyron	IDID ECMD TOMES	
BRAILLE BOOKS FOR BLIND CHILDREN 1800 JOHNSON ST	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
BALTIMORE, MD 21230				5
BRIGHTEN CENTERS - FOOD PANTRY	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 325 NEWPORT KY 41072			CONTRIBUTION	10
Total from continuation sheets	<u> </u>	•		1

3 Grants and Contributions Paid During the	<del></del>			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	7.11100.111
AMPBELL LODGE BOYS' HOME	NONE	TAX-EXEMPT	UNRESTRICTED	
161 SKYLINE DRIVE	HOME	IAA DADAI I	CONTRIBUTION	
COLD SPRING, KY 41076			CONTRIBUTION	1
CARE	NONE	TAX-EXEMPT	UNRESTRICTED	
151 ELLIS ST NE			CONTRIBUTION	
TLANTA, GA 30303				!
CATHOLIC CHARITIES SW OHIO	NONE	TAX-EXEMPT	UNRESTRICTED	
100 E 8TH STREET	non 2		CONTRIBUTION	
CINCINNATI, OH 45202				
CEDAR VILLAGE FOUNDATION	NONE	TAX-EXEMPT	UNRESTRICTED	
5467 CEDAR VILLAGE DRIVE			CONTRIBUTION	
MASON, OH 45040				
CENTER FOR COURAGEOUS KIDS	NONE	TAX-EXEMPT	UNRESTRICTED	
1501 BURNLEY RD	10.2		CONTRIBUTION	
SCOTTSVILLE, KY 42164		<u> </u>		
CHILDREN'S HOME OF CINCINNATI	NONE	TAX-EXEMPT	UNRESTRICTED	
5050 MADISON ROAD			CONTRIBUTION	
CINCINNATI, OH 45227				1
CHILDREN INTERNATIONAL	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 219413	NONE	TAX BABMI	CONTRIBUTION	
KANSIS CITY MO 64121				
CHILDREN'S HOME OF N KENTUCKY	NONE	TAX-EXEMPT	UNRESTRICTED	
200 HOME ROAD DEVOU PARK			CONTRIBUTION	1
COVINGTON, KY 41011				
CHILDREN'S NATIONAL MEDICAL CENTER	NONE	TAX-EXEMPT	UNRESTRICTED	
111 MICHIGAN AVE NW			CONTRIBUTION	
WASHINGTON , DC 20010		-		
CHRISTIAN APPALACHIAN PROJECT	NONE	TAX-EXEMPT	UNRESTRICTED	
6550 SOUTH KY RT 321 PO BOX 459 HAGERHILL, KY 41222			CONTRIBUTION	
Total from continuation sheets	<u>,                                      </u>			<u> </u>

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) recipient or substantial contributor CINCINNATI CHILDREN HOSPITAL NONE TAX-EXEMPT UNRESTRICTED 3333 BURNET AVE CONTRIBUTION CINCINNATI OH 45229 100. CINCINNATI EDUCATIONAL TV NONE TAX-EXEMPT UNRESTRICTED 1223 CENTRAL PARKWAY CONTRIBUTION CINCINNATI OH 45214 50. CINCINNATI FIRE MUSEUM NONE TAX-EXEMPT UNRESTRICTED 315 WEST COURT STREET CONTRIBUTION CINCINNATI OH 45202 50. CINCINNATI HABITAT FOR HUMANITY NONE TAX-EXEMPT UNRESTRICTED 4910 PARA DRIVE CONTRIBUTION 100. CINCINNATI, OH 45237 CINCINNATI MUSEUM CENTER NONE TAX-EXEMPT UNRESTRICTED 1301 WESTERN AVENUE CONTRIBUTION CINCINNATI, OH 45203 100. NONE CINCINNATI SCHOLARSHIP FDTN TAX-EXEMPT UNRESTRICTED 602 MAIN ST SUITE 1000 CONTRIBUTION CINCINNATI, OH 45202 50. CINCINNATI WALDORF SCHOOL NONE TAX-EXEMPT UNRESTRICTED 5555 LITTLE FLOWER AVE CONTRIBUTION CINCINNATI OH 45239 100. CITY GOSPEL MISSION NONE TAX-EXEMPT UNRESTRICTED 1419 ELM ST CONTRIBUTION CINCINNATI OH 45202 50. COVENANT HOUSE NONE TAX-EXEMPT UNRESTRICTED 461 EIGHT AVE CONTRIBUTION NEW YORK NY 10001 50, COVINGTON CATHOLIC HIGH SCHOOL NONE TAX-EXEMPT UNRESTRICTED 1600 DIXIE HIGHWAY CONTRIBUTION PARK HILLS, KY 41011 100. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient 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 CRAYONS TO COMPUTERS NONE TAX-EXEMPT UNRESTRICTED 1350 TENNESSEE AVENUE CONTRIBUTION 200. CINCINNATI OH 45229 CUMBERLAND COLLEGE NONE TAX-EXEMPT UNRESTRICTED 6191 COLLEGE STATION DRIVE CONTRIBUTION WILLIAMSBURG, KY 40769 50. CYSTIC FIBROSIS FOUNDATION NONE TAX-EXEMPT UNRESTRICTED 6931 ARLINGTON ROAD CONTRIBUTION 50. BETHESDA MD 20814 DINSMORE HOMESTEAD NONE TAX-EXEMPT UNRESTRICTED PO BOX 453 CONTRIBUTION 100. BURLINGTON . KY 41005 DIOCESAN CATHOLIC CHILDRENS HM NONE TAX-EXEMPT UNRESTRICTED 75 ORPHANAGE ROAD PO BOX 17007 CONTRIBUTION 100. FT MITCHELL KY 41017 DROP INN CENTER SHELTERHOUSE NONE TAX-EXEMPT UNRESTRICTED 217 W 12TH STREET CONTRIBUTION CINCINNATI OH 45202 100. NONE TAX-EXEMPT EASTER SEALS UNRESTRICTED PO BOX 111128 CONTRIBUTION LEXINGTON KY 40512 50. NONE EMERGENCY COLD SHELTER OF NORTHERN TAX-EXEMPT UNRESTRICTED KENTUCKY CONTRIBUTION 634 SCOTT STREET 150. COVINGTON . KY 41011 EPILEPSY FOUNDATION NONE TAX-EXEMPT UNRESTRICTED PO BOX 96546 CONTRIBUTION WASHINGTON DC 20077 50. NONE **FAIRHAVEN RESCUE MISSION** TAX-EXEMPT UNRESTRICTED 260 PIKE ST PO BOX 12761 CONTRIBUTION COVINGTON KY 41012 50. Total from continuation sheets

Part XV Supplementary Informatio		_		T
3 Grants and Contributions Paid During the		<del> </del>	<del></del>	
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		
PAMILY NURTURING CENTER	NONE	TAX-EXEMPT	UNRESTRICTED	
8275 EWING BLVD			CONTRIBUTION	
FLORENCE, KY 41042				50
FAMILY SERVICE * 2012 SEE LIFEPOINT SOLUTION	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
3730 GLENWAY AVE				
CINCINNATI OH 45252			.	50
FREESTORE FOODBANK	NONE	TAX-EXEMPT	UNRESTRICTED	1
1141 CENTRAL PARKWAY			CONTRIBUTION	
CINCINNATI, OH 45202				200
EDITING OF DIG DONE INC	NONE	ТАХ-ЕХЕМРТ	UNRESTRICTED	
FRIENDS OF BIG BONE INC PO BOX 184	NONE	TAX-EXEMPT	CONTRIBUTION	
PETERSBURG KY 41080			CONTRIBUTION	100
GEORGIA TECH ALUMNI ASSOC	NONE	TAX-EXEMPT	UNRESTRICTED	
190 NORTH AVE			CONTRIBUTION	
ATLANTA, GA 30313				50
HAPPEN INC	NONE	TAX-EXEMPT	UNRESTRICTED	
4201 HAMILTON AVE			CONTRIBUTION	
CINCINNATI, OH 45223	-			50
	VOV.		EDWD TOWND	
HEALING PLACE 1020 W MARKET STREET	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
LOUISVILLE, KY 45202				50
HEARING SPEECH & DEAF CENTER OF	NONE	TAX-EXEMPT	UNRESTRICTED	
GREATER CINCINNATI	NONE	THE DADES I	CONTRIBUTION	
2825 BURNET AVENUE				
CINCINNATI, OH 45219		_		50
HEIFER INTERNATIONAL	NONE	TAX-EXEMPT	UNRESTRICTED	
1 WORLD AVENUE			CONTRIBUTION	
LITTLE ROCK, AR 72202			+-	_50
HENRY HOSEA HOUSE	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 72046			CONTRIBUTION	
NEWPORT, KY 41072  Total from continuation sheets		1		50

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient HERITAGE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION COVINGTON AREA MEMBERSHIP DR PO BOX 97057 WASHINGTON KY 20077 50. HILLSDALE COLLEGE NONE TAX-EXEMPT UNRESTRICTED 33 E COLLEGE ST CONTRIBUTION HILLSDALE MI 49242 50. HOME OF THE INNOCENTS NONE TAX-EXEMPT UNRESTRICTED 1100 EAST MARKET STREET CONTRIBUTION LOUISVILLE KY 40206 100. HOSPICE OF CINCINNATI NONE TAX-EXEMPT UNRESTRICTED 4310 COOPER RD CONTRIBUTION 50. CINCINNATI, OH 45242 HOSPICE OF ST ELIZABETH HEALTHCARE TAX-EXEMPT NONE UNRESTRICTED 483 SOUTH LOOP RD CONTRIBUTION EDGEWOOD, KY 41017 50. HOSPICE OF THE BLUEGRASS NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION 2312 ALEXANDRIA DR 50. LEXINGTON KY 40504 HOUSING OPPORTUNITIES OF NORTHERN NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION KENTUCKY 502 FRY STREET COVINGTON, KY 41011 50. INTL FELLOWSHIP OF CHRISTIANS & JEWS NONE TAX-EXEMPT UNRESTRICTED 30 NORTH LASALLE ST SUITE 2600 CONTRIBUTION CHICAGO IL 60602 50, JEWISH NATIONAL FUND NONE TAX-EXEMPT UNRESTRICTED 9918 CARVER ROAD - STE 102 CONTRIBUTION 1,000. CINCINNATI OH 45242 JUNIOR ACHIEVEMENT NONE TAX-EXEMPT UNRESTRICTED 644 LINN ST SUITE 1024 CONTRIBUTION CINCINNATI OH 45203 50. Total from continuation sheets

3 Grants and Contributions Paid During the Y				
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	
UVENILE DIABETES RESEARCH FNDT BANK	NONE	TAX-EXEMPT	UNRESTRICTED	
F KENTUCKY INC			CONTRIBUTION	
11 LOOKOUT FARM DR				
RESTVIEW HILLS, KY 41017				1
		ļ		
KENTUCKY WATERWAYS ALLIANCE	NONE	TAX-EXEMPT	UNRESTRICTED	
120 WEBSTER ST STE 217			CONTRIBUTION	
LOUISVILLE, KY 40206				<u></u> !
KET	NONE	TAX-EXEMPT	UNRESTRICTED	
560 COOPER DR			CONTRIBUTION	
LEXINGTON, KY 40502		-		
LEUKEMIA & LYMPHOMA SOCIETY SOUTHERN	NONE	TAX-EXEMPT	UNRESTRICTED	•
DHIO CHAPTER			CONTRIBUTION	
2300 WALL STREET				
CINCINNATI OH 45212				
				:
LIFEPOINT SOLUTIONS	NONE	TAX-EXEMPT	UNRESTRICTED	
3730 GLENWAY AVE	HOME	IAA-EAEMFI	CONTRIBUTION	
CINCINNATI OH 45205				!
LIGHTHOUSE YOUTH SERVICES 401 E MCMILLAN STREET	NONE	TAX-EXEMPT	UNRESTRICTED	
CINCINNATI OH 45206			CONTRIBUTION	
		L		
LITERACY NETWORK OF GR CINTI	NONE	TAX-EXEMPT	UNRESTRICTED	
535 W 7TH STREET SUITE 103 - 19 BROADCAST PLAZA CINCINNATI OH 45203			CONTRIBUTION	!
MONDONDI I BABA CINCINNAII, ON 43203				
LITTLE BROTHERS FRIENDS OF THE	NONE	TAX-EXEMPT	UNRESTRICTED	
ELDERLY			CONTRIBUTION	
5530 COLERAIN AVENUE				
CINCINNATI OH 45239	-			1
MACULAR DEGENERATION RESEARCH	NONE	TAX-EXEMPT	UNRESTRICTED	
22512 GATEWAY CENTER DRIVE			CONTRIBUTION	ł
CLARKSBURG, MD 20871				
MAKE A WISH FOUNDATION	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 97104			CONTRIBUTION	
WASHINGTON DC 20090	1			

Part XV Supplementary Information	)			
3 Grants and Contributions Paid During the Y	<del></del>			
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	
MARCH OF DIMES	NONE	TAX-EXEMPT	UNRESTRICTED	
PO BOX 1549 AKRON, OH 44309			CONTRIBUTION	50.
MIAMI PROJECT TO CURE PARALYSIS	NONE	TAX-EXEMPT	UNRESTRICTED	
730 SW 69TH TERRACE			CONTRIBUTION	
PEMBROKE PINES, FL 33023				100.
MIAMI UNIVERSITY	NONE	TAX-EXEMPT	UNRESTRICTED	
725 E CHESTNUT ST			CONTRIBUTION	
OXFORD, OH 45056				1,000.
MULTIPLE SCLEROSIS ASSOC OF AM 706 HADDONFIELD ROAD	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
CHERRY HILL, NJ 08002				50,
MUSCULAR DYSTROPHY ASSOCIATION	NONE	TAX-EXEMPT	UNRESTRICTED	1
3300 EAST SUNRISE DRIVE			CONTRIBUTION	
TUCSON, AZ 85718				50,
NATIVE AMERICAN RIGHTS FUND	NONE	TAX-EXEMPT	UNRESTRICTED	
1506 BROADWAY			CONTRIBUTION	
BOULDER , CO 80302				50,
NAME AND DOLL GOOD TO				
NATL AUDUBON SOCIETY 225 VARICK ST. 7TH FLOOR	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
NEW YORK, NY 10014				50,
NATL BREAST CANCER COAILITION 1101 17TH ST NW SUITE 1300	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
WASHINGTON , DC 20036		-	CONTRIBUTION	50,
NATL CANCER RESEARCH	NONE	TAX-EXEMPT	UNRESTRICTED	
1025 CONNECTICUTE AVE NW #1012 PO BOX 96676 WASHINGTON DC 20090			CONTRIBUTION	50,
20070 HAMILINGTON , DC 20070				30.
NATL FEDERATION OF THE BLIND	NONE	TAX-EXEMPT	UNRESTRICTED	
200 EAST WELLS ST			CONTRIBUTION	
BALTIMORE MD 21230  Total from continuation sheets	1	<u>.                                    </u>		50,

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NATL FOUNDATION FOR CANCER RESEARCH NONE TAX-EXEMPT UNRESTRICTED 4600 EAST WEST HIGHWAY STE 525 CONTRIBUTION BETHESDA, MD 20814 50. NATL MULTIPLE SCLEROSIS SOC - OHIO NONE TAX-EXEMPT UNRESTRICTED VALLEY CHAPTER CONTRIBUTION PO BOX 14030 50. CINCINNATI OH 45250 NATL PARKS CONSERVATION ASSOC NONE TAX-EXEMPT UNRESTRICTED 777 6TH STREET NW SUITE 700 CONTRIBUTION 50. WASHINGTON DC 20001 NATL TRUST FOR HISTORIC PRESERVATION NONE TAX-EXEMPT UNRESTRICTED 1785 MASSACHUSETTS AVE NW CONTRIBUTION WASHINGTON DC 20036 50. NATL WILDLIFE FEDERATION NONE TAX-EXEMPT UNRESTRICTED 11100 WILDLIFE CENTER DRIVE CONTRIBUTION RESTON VA 20190 50. NATURE CONSERVANCY NONE TAX-EXEMPT UNRESTRICTED 4245 N FAIRFAX DRIVE SUITE 100 CONTRIBUTION ARLINGTON, VA 22203 50. NEEDIEST KIDS OF ALL NONE TAX-EXEMPT UNRESTRICTED PO BOX 636666 CONTRIBUTION CINCINNATI OH 45263 200. NEW PERCEPTIONS, INC. NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION ONE SPERTI DR. EDGEWOOD KY 41017 1,000. NEWPORT H S ALUMNI & ASSOC C/O JORINE NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION COMBS 126 VAN VOAST AVE BELLEVUE KY 41073 200. NKU FOUNDATION - NORTHERN KENTUCKY NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION UNIVERSITY 100 NUNN DRIVE HIGHLAND HGHTS KY 41076 100. Total from continuation sheets

Name and address (home or business)  of volutional controlation recopient re	3 Grants and Contributions Paid During the	Year (Continuation)			
Name and address (home or busness)  of volusional contributor  recpuent  RAX-EXEMPT  NORTHERN KENTUCKY HARVEST C/O BE  NONE  NONE  RAX-EXEMPT  NORTHENNIONS ST  SOVINGTON, KY 41011  NORTHERN XENTUCKY UNIV FOUND  JUCAS ADMIN CENTER 221 NUNN DR  JUCAS ADMIN	·	show any relationship to		Purpose of grant or	Amount
CONTRIBUTION  TAX-EXEMPT  CONTRIBUTION  CONT	Name and address (home or business)	or substantial contributor		Contribution	
CONTRIBUTION  CO	TODRIVEDNI VENIMICAL MADMECI CAO DE	NONE	MAY EVENDO	Thin ECORP I CORP.	
NORTHERN KENTUCKY UNIV POUND NOME TAX-EXEMPT UNRESTRICTED CONTRIBUTION HIGHLAND HOMES TAX-EXEMPT UNRESTRICTED CONTRIBUTION HIGHLAND HOMES TAX-EXEMPT UNRESTRICTED CONTRIBUTION HIGHLAND HOMES XX 41099  NNE MAY FARM - CHILDREN'S SMELTER NOME TAX-EXEMPT UNRESTRICTED CONTRIBUTION ALTERIAL OF ASSISTANCE OF CONTRIBUTION		NONE	TAX-EXEMPT		
NORTHERN KENTUCKY UNIV FOUND  NONE  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  HIGHLAND HOHTS, KY 41099  NONE  DIRECTRICTED CONTRIBUTION  HIGHLAND HOHTS, KY 41099  NONE  DIRECTRICTED CONTRIBUTION  PATRIPLED, OH 4501B  DOPERATION SMILE FAX-EXEMPT  UNRESTRICTED CONTRIBUTION  NONE  DAX-EXEMPT  UNR					
LUCAS ADMIN CENTER 221 NUNN DR HIGHLAND HORTS, KY 41099  DINE WAY PARM - CHILDREN'S SHELTER S131 RIVER ROAD - FO BOX 18637 PAIRPIELD, OH 45018  DEPERATION SMILE 6435 TIDEMARER DR. NONE  DAY-EXEMPT  DIRESTRICTED CONTRIBUTION  NONE  TAX-EXEMPT  DIRESTRICTED CONTRIBUTION  NONE  DAY-EXEMPT  DIRESTRICTED CONTRIBUTION  NONE  TAX-EXEMPT  DIRESTRICTED CONTRIBUTION  DIRESTRICTED CONTRIBUTION  TAX-EXEMPT  DIRESTRICTED CONTRIBUTION  DIRECTRICTED CONTRIBUTION  DIR	COVINGTON, KY 41011		,,		1
LUCAS ADMIN CENTER 221 NUNN DR HIGHLAND HORTS, KY 41099  ONE WAY PARM - CHILDREN'S SHELTER 6131 RIVER ROAD - FO BOX 18637 PAIRPIELD ON 45018  OPERATION SMILE 6435 TIDEWARER DR. NONE  OUR DAILY BREAD PO BOX 18662 CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN FO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION NONE  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION					
HIGHLAND HGHTS, KY 41099  ONE WAY PARM - CHILDREN'S SHELTER NONE  TAX-EXEMPT  INTESTRICTED CONTRIBUTION  PARRYIELD, OH 45018  DEPERATION SMILE 6435 TIDEWAREN DR. NORFOLK, VA 23509  OUR DAILY BREAD PO BOX 14862  CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD  MILTON, NH 03086  PARISH KITCHEN PO BOX 1234  COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256  SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION NONE  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  UNRESTRICTED CONTRIBUTION  UNRESTRICTED CONTRIBUTION  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  UNRESTRICTED CONTRIBUTION  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  UNRESTRICTED CONTRIBUTION  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION  TAX-EXEMPT  UNRESTRICTED CONTRIBUTION	NORTHERN KENTUCKY UNIV FOUND	NONE	TAX-EXEMPT	UNRESTRICTED	
CONTRIBUTION  PATRIFIELD, OH 45018  COPERATION SMILE  ACAST TIDEWARER DR.  NORFOLK, VA 23509  CONTRIBUTION  NORFOLK, VA 23509  CONTRIBUTION  NORE  TAX-EXEMPT  INRESTRICTED  CONTRIBUTION  CONTRIBUTION  NORE  TAX-EXEMPT  INRESTRICTED  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  CONTRIBUTION  TAX-EXEMPT  INRESTRICTED  CONTRIBUTION  CONTRIBUTION  MILLD BROOK ROAD  WILTON, NH 03086  PARISH KITCHEN  FO BOX 1234  COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION  PO BOX 20256  SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION  NONE  TAX-EXEMPT  INRESTRICTED  CONTRIBUTION  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION  NONE  PAX-EXEMPT  UNRESTRICTED  CONTRIBUTION  NONE  PAX-EXEMPT  UNRESTRICTED  CONTRIBUTION  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION	LUCAS ADMIN CENTER 221 NUNN DR		+	CONTRIBUTION	
CONTRIBUTION  PARRIPELD, OH 45018  DEPERATION SMILE  A435 TIDEWARER DR.  NORFOLK, VA 23509  DUR DAILY BREAD  PO BOX 14862  CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA  7 MILL BROOK ROAD  WILTON, NH 03086  PARISH KITCHEN  PO BOX 1234  COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION  PO BOX 20256  SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION  NONE  PAX-EXEMPT  NONE  TAX-EXEMPT  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION	HIGHLAND HGHTS, KY 41099				_1
CONTRIBUTION  PARRIPELD, OH 45018  DEPERATION SMILE  A435 TIDEWARER DR.  NORFOLK, VA 23509  DUR DAILY BREAD  PO BOX 14862  CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA  7 MILL BROOK ROAD  WILTON, NH 03086  PARISH KITCHEN  PO BOX 1234  COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION  PO BOX 20256  SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION  NONE  PAX-EXEMPT  NONE  TAX-EXEMPT  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION					
PAIRPIELD, OH 45018  DEPERATION SMILE 6435 TIDEWARTER DR. NORFOLK, VA 23509  OUR DAILY BREAD PO BOX 14862 CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION NONE PAX-EXEMPT DIRECTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION		NONE	ТАХ-ЕХЕМРТ		
OPERATION SMILE 6435 TIDEWATER DR. NORFOLK, VA 23509  OUR DAILY BREAD OUR DAILY BREAD PO BOX 14862 CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION NONE PAX-EXEMPT UNRESTRICTED CONTRIBUTION NONE PAX-EXEMPT UNRESTRICTED CONTRIBUTION NONE PAX-EXEMPT UNRESTRICTED CONTRIBUTION NONE PAX-EXEMPT UNRESTRICTED CONTRIBUTION				CONTRIBUTION	_
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OUR DAILY BREAD PO BOX 14862 CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT TAX-EXEMPT UNRESTRICTED CONTRIBUTION				CONTRIBUTION	
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PO BOX 14862 CINCINNATI, OH 45250  PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION NONE PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NEW YORK, NY 10018  PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION	OUD DATLY BREAD	NONE	MAY EVENDO	TIND POWD TOWND	
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PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NEW YORK, NY 10018  PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION					2
7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200					
7 MILL BROOK ROAD WILTON, NH 03086  PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION	PARALYZED VETERANS OF AMERICA	NONE	TAX-EXEMPT	UNRESTRICTED	
PARISH KITCHEN PO BOX 1234 COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION					
PO BOX 1234  COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS CHIO 1500 W THIRD AVE - STE 200  CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION	WILTON, NH 03086				
PO BOX 1234  COVINGTON, KY 41012  PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200  CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION					
PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200  NONE  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION	PARISH KITCHEN	NONE	TAX-EXEMPT	UNRESTRICTED	
PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200  NONE  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION				CONTRIBUTION	
PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200  CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION	COVINGTON, KY 41012		-		. 1
PO BOX 20256 SARASOTA, FL 34276  PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200  CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION  TAX-EXEMPT UNRESTRICTED CONTRIBUTION					
PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED 1359 BROADWAY SUITE 1509 CONTRIBUTION NEW YORK, NY 10018  PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED 1500 W THIRD AVE - STE 200 CONTRIBUTION		NONE	TAX-EXEMPT		
PARKINSON'S DISEASE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018  PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200  NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION				CONTRIBUTION	
1359 BROADWAY SUITE 1509  NEW YORK, NY 10018  PREVENT BLINDNESS OHIO  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION	DIMERSOLIN, I II STEIV				
1359 BROADWAY SUITE 1509  NEW YORK, NY 10018  PREVENT BLINDNESS OHIO  NONE  TAX-EXEMPT  UNRESTRICTED  CONTRIBUTION	DADKINGON'S Dispass Southbraton	NONE	TAY_EVENOM	INDECEDICATO	
NEW YORK, NY 10018  PREVENT BLINDNESS OHIO  NONE  TAX-EXEMPT  CONTRIBUTION		NOME	TAA-BABMPT		
PREVENT BLINDNESS OHIO NONE TAX-EXEMPT UNRESTRICTED 1500 W THIRD AVE - STE 200 CONTRIBUTION					
1500 W THIRD AVE - STE 200 CONTRIBUTION					
1500 W THIRD AVE - STE 200 CONTRIBUTION	PREVENT BLINDNESS OHIO	NONE	TAX-EXEMPT	UNRESTRICTED	
				1	
COLUMBUS OH 43212					11

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient PROSTATE CANCER FOUNDATION NONE TAX-EXEMPT UNRESTRICTED 1250 FOURTH STREET CONTRIBUTION SANTA MONICA, CA 90401 50. RECORDING FOR THE BLIND AND DYSLEXIC NONE TAX-EXEMPT UNRESTRICTED 20 ROSZEL ROAD CONTRIBUTION PRINCETON, NJ 08540 50. REDWOOD NONE TAX-EXEMPT UNRESTRICTED 71 ORPHANAGE ROAD CONTRIBUTION FT MITCHELL KY 41017 100. NONE SALVATION ARMY TAX-EXEMPT UNRESTRICTED 1806 SCOTT BLVD CONTRIBUTION 200. COVINGTON, KY 41014 NONE SANTA MARIA COMMUNITY SERVICES -TAX-EXEMPT UNRESTRICTED ADMINISTRATIVE OFFICE CONTRIBUTION 2918 PRICE AVENUE 50. CINCINNATI OH 45204 SCHOOL FOR CREATIVE & PERFORMING ARTS NONE TAX-EXEMPT UNRESTRICTED 108 WEST CENTRAL PARKWAY CONTRIBUTION CINCINNATI OH 45202 100. NONE SENIOR SERVICES OF NO KY TAX-EXEMPT UNRESTRICTED 1032 MADISON AVENUE CONTRIBUTION COVINGTON, KY 41011 100. SERENDIPITY STABLES NONE TAX-EXEMPT UNRESTRICTED PO BOX 205 CONTRIBUTION MARYSVILLE OH 43040 50. SHRINERS HOSPITAL FOR CHILDREN NONE TAX-EXEMPT UNRESTRICTED 2900 ROCKY POINT DRIVE CONTRIBUTION TAMPA FL 33607 50. SIERRA CLUB NONE TAX-EXEMPT UNRESTRICTED 85 SECOND STREET CONTRIBUTION SAN FRANSISCO CA 94105 50. Total from continuation sheets

Part XV Supplementary Information	1		· ·	
3 Grants and Contributions Paid During the Y	ear (Continuation)	·		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SMILE TRAIN	NONE	TAX-EXEMPT	UNRESTRICTED	
41 MADISON AVENUE 28TH FLOOR NEW YORK, NY 10010			CONTRIBUTION	100.
SPECIAL OLYMPICS KENTUCKY	NONE	TAX-EXEMPT	UNRESTRICTED	
РО ВОХ 2300			CONTRIBUTION	
FRANKFURT, KY 40602				50.
SPECIAL OLYMPICS OHIO	NONE	MAY EVENDOM	Thin seems to men	
PO BOX 668	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
COLUMBUS, OH 43216				25,
ST BERNARD FOOD PANTRY	NONE	TAX-EXEMPT	UNRESTRICTED	
701 FIFTH AVE			CONTRIBUTION	
DAYTON, KY 41074				50.
ST CHARLES NURSING HOME	NONE	TAX-EXEMPT	TANDECED LONG.	
500 FARRELL DRIVE	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
COVINGTON, KY 41011	,.			50.
ST ELIZABETH HEALTHCARE FDTN	NONE	TAX-EXEMPT	UNRESTRICTED	
1 MEDICAL VILLAGE DRIVE			CONTRIBUTION	
EDGEWOOD, KY 41017				100.
am roanny sospinar	L			
ST JOSEPH ACADEMY 48 NEEDMORE ST	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	
WALTON, KY 41094			CONTRIBUTION	200.
ST JOSEPH ORPHANAGE - OFFICE OF	NONE	TAX-EXEMPT	UNRESTRICTED	
COMMUNITY RELATIONS			CONTRIBUTION	
5400 EDALBERT DRIVE				:
CINCINNATI, OH 45239		-		100.
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE	NONE	TAX-EXEMPT	UNRESTRICTED	
MEMPHIS, TN 38105			CONTRIBUTION	50,
-				
ST RITA SCHOOL FOR THE DEAF	NONE	TAX-EXEMPT	UNRESTRICTED	
1720 GLENDALE MILFORD ROAD			CONTRIBUTION	
CINCINNATI OH 45215		<u> </u>		50.
Total from continuation sheets		<del></del>		

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor ST VINCENT DE PAUL NO KY - ATTN: NONE TAX-EXEMPT UNRESTRICTED EXECUTIVE DIRECTOR CONTRIBUTION 2655 CRESCENT SPRINGS RD 50. COVINGTON KY 41017 SUSAN G KOMEN FOR THE CURE - GLOBAL NONE TAX-EXEMPT UNRESTRICTED **HEADQUARTERS** CONTRIBUTION 5005 LBJ FREEWAY SUITE 250 DALLAS TX 75244 100. NONE TALBERT HOUSE UNRESTRICTED TAX-EXEMPT 2600 VICTORY PARKWAY CONTRIBUTION 50. CINCINNATI OH 45206 TENDER MERCIES INC NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION 27 W 12TH STREET 100, CINCINNATI, OH 45202 TOYS FOR TOTS NONE TAX-EXEMPT UNRESTRICTED PO BOX 227 MARINE CORPS BASE CONTRIBUTION 200. QUANTICO, VA 22134 UNITED CEREBRAL PALSY OF GREATER NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION CINCINNATI 3601 VICTORY PARKWAY CINCINNATI OH 45229 50. UNITED WAY OF GREATER CINTI NONE TAX-EXEMPT UNRESTRICTED 11 SHELBY ST CONTRIBUTION 100. FLORENCE KY 41042 USO NONE TAX-EXEMPT UNRESTRICTED PO BOX 96860 CONTRIBUTION 25. WASHINGTON DC 20077 VOLUNTEERS OF AMERICA NONE TAX-EXEMPT UNRESTRICTED 700 W PETE ROSE WAY STE 334 CONTRIBUTION CINCINNATI OH 45203 50. WELCOME HOUSE OF NORTHERN KY NONE TAX-EXEMPT UNRESTRICTED 205 PIKE STREET CONTRIBUTION COVINGTON KY 41011 <u>50.</u> Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor WELLNESS COMMUNITY - THE LYNN STERN TAX-EXEMPT UNRESTRICTED NONE CENTER CONTRIBUTION 4918 COOPER RD CINCINNATI, OH 45242 50. WILDERNESS SOCIETY NONE TAX-EXEMPT UNRESTRICTED 1615 M ST NW CONTRIBUTION WASHINGTON DC 20036 50. WISH LIST/UNITED WAY NONE TAX-EXEMPT UNRESTRICTED 2400 READING ROAD CONTRIBUTION 100. CINCINNATI OH 45202 WOMEN'S CONNECTION NONE TAX-EXEMPT UNRESTRICTED CONTRIBUTION 4042 GLENWAY AVENUE CINCINNATI OH 45205 50, WOMEN'S CRISIS CENTER NONE TAX-EXEMPT UNRESTRICTED 835 MADISON AVE CONTRIBUTION COVINGTON KY 41011 200. WORLD WILDLIFE FOUNDATION NONE TAX-EXEMPT UNRESTRICTED 1250 TWENTY - FOURTH ST, NW CONTRIBUTION WASHINGTON DC 20037 50. NONE WOUNDED WARRIER PROJECT TAX-EXEMPT UNRESTRICTED CONTRIBUTION 4899 BELFORT RD SUITE 300 JACKSONVILLE FL 32256 50. YMCA CAMP ERNST NONE TAX-EXEMPT UNRESTRICTED 7615 CAMP ERNST RD CONTRIBUTION BURLINGTON KY 41005 500. Total from continuation sheets

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,220.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,220.	0.		0.
	SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	ratement 2
NAME OF CONTRIBUTOR	ADDR	ESS		
GEORGE J. BUDIG	129	PARK ROAD		

FORT MITCHELL, KY 41011

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