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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

2012
Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation GEORGE AND MARY JO BUDIG FAMILY FOUNDATI FOUNDATION C/O GEORGE J BUDIG		A Employer identification number 35-2389585	
Number and street (or P O box number if mail is not delivered to street address) 129 PARK ROAD		Room/suite	B Telephone number (see instructions) (513) 562-8244
City or town, state, and ZIP code FORT MITCHELL, KY 41011		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 43,150		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/> (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	25,000			
	2 Check <input type="checkbox"/> if 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) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV , line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	25,000	0		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0	0		0
	25 Contributions, gifts, grants paid	17,300			17,300
	26 Total expenses and disbursements. Add lines 24 and 25	17,300	0		17,300
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	7,700			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

Part II

Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Assets	1	Cash—non-interest-bearing	35,450	43,150	43,150
	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 (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	35,450	43,150	43,150	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	35,450	43,150	
	30	Total net assets or fund balances (see page 17 of the instructions)	35,450	43,150	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	35,450	43,150		

Part III

Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	35,450
2	Enter amount from Part I, line 27a	2	7,700
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	43,150
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	43,150

Part IV

Capital Gains and Losses for Tax on Investment Income

(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)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
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 Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	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) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	14,550	20,158	0 721798
2010	0	8,208	0 000000
2009			
2008			
2007			

2	Total of line 1, column (d).	2	0 721798
3	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	0 360899
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5.	4	30,258
5	Multiply line 4 by line 3.	5	10,920
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7	Add lines 5 and 6.	7	10,920
8	Enter qualifying distributions from Part XII, line 4. 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	8	17,300

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	0
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-)		2	0
3		Add lines 1 and 2.		3	0
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	0
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a		
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments Add lines 6a through 6d.		7	0
8		Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	0
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 2013 estimated tax <input type="checkbox"/>	Refunded <input type="checkbox"/>	11	

Part VII-AStatements 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?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?			No
	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?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 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.	2		No
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶N/A				
14	The books are in care of ▶MR GEORGE J BUDIG Telephone no ▶(513) 562-8244 Located at ▶129 PARK ROAD FORT MITCHELL KY ZIP +4 ▶41011			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?.	1c		No
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))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2012 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2012?	4b		No

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				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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)?		5b		
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 expenditure responsibility for the grant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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 a personal benefit contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		No
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GEORGE J BUDIG	TRUSTEE	0	0	0
129 PARK ROAD FORT MITCHELL, KY 41011	2 00			
MARY JO BUDIG	TRUSTEE	0	0	0
129 PARK ROAD FORT MITCHELL, KY 41011	2 00			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). 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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	30,719
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	30,719
e	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	30,719
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	461
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	30,258
6	Minimum investment return. Enter 5% of line 5.	6	1,513

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,513
2a	Tax on investment income for 2012 from Part VI, line 5.	2a	
b	Income tax for 2012 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,513
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,513
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	1,513

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	17,300
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	17,300
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 (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	17,300
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)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				1,513
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007.				
b From 2008.				
c From 2009.				
d From 2010.				
e From 2011.				13,439
f Total of lines 3a through e.	13,439			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 17,300				
a Applied to 2011, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	17,300			
d Applied to 2012 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	1,513			1,513
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	29,226			
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 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a.	29,226			
10 Analysis of line 9				
a Excess from 2008. . . .				
b Excess from 2009. . . .				
c Excess from 2010. . . .				
d Excess from 2011. . . .				11,926
e Excess from 2012. . . .				17,300

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

GEORGE J BUDIG

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If 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

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	17,300
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
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.					
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 _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		0	0
13 Total. Add line 12, columns (b), (d), and (e).					0

[illegible]

<p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of</p> <p> (1) Cash.</p> <p> (2) Other assets.</p> <p>b Other transactions</p> <p> (1) Sales of assets to a noncharitable exempt organization.</p> <p> (2) Purchases of assets from a noncharitable exempt organization.</p> <p> (3) Rental of facilities, equipment, or other assets.</p> <p> (4) Reimbursement arrangements.</p> <p> (5) Loans or loan guarantees.</p> <p> (6) Performance of services or membership or fundraising solicitations.</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</p> <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received</p>		Yes	No
1a(1)			No
1a(2)			No
1b(1)			No
1b(2)			No
1b(3)			No
1b(4)			No
1b(5)			No
1b(6)			No
1c			No

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

*****	2013-04-13	*****	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature of officer or trustee	Date	Title	

May the IRS discuss this return with the preparer shown below (see instr)? ☒ **Yes** ☐ **No**

**Paid
Preparer
Use
Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00014949
	JANE E PFEIFER	JANE E PFEIFER	2013-04-12		
	Firm's name <input type="checkbox"/>	CLARK SCHAEFER HACKETT AND CO		Firm's EIN <input type="checkbox"/> 31-0800053	
		ONE EAST FOURTH ST SUITE 1200			
	Firm's address <input type="checkbox"/>	CINCINNATI, OH 45202		Phone no (513) 241-3111	

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization GEORGE AND MARY JO BUDIG FAMILY FOUNDATI FOUNDATION C/O GEORGE J BUDIG	Employer identification number 35-2389585
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 33¹/₃% 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.

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

Name of organization GEORGE AND MARY JO BUDIG FAMILY FOUNDATI FOUNDATION C/O GEORGE J BUDIG	Employer identification number 35-2389585
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Part I	Contributors (see instructions) Use duplicate copies of Part I if additional 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	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization GEORGE AND MARY JO BUDIG FAMILY FOUNDATI FOUNDATION C/O GEORGE J BUDIG	Employer identification number 35-2389585
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization GEORGE AND MARY JO BUDIG FAMILY FOUNDATI FOUNDATION C/O GEORGE J BUDIG	Employer identification number 35-2389585
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Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

TY 2012 Distribution from Corpus Election

Name: GEORGE AND MARY JO BUDIG FAMILY FOUNDATI
FOUNDATION C/O GEORGE J BUDIG

EIN: 35-2389585

Election: TREATMENT OF QUALIFYING DISTRIBUTIONS ELECTIONUNDER
INTERNAL REVENUE CODE SECTION 4942(H)(2) AND REG. 53.4942
(A)-3(D)(2), THE NON OPERATING PRIVATE FOUNDATION ELECTS
TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS
OF IMMEDIATELY PRECEEDING TAX YEAR'S UNDISTRIBUTED
INCOME AS BEING MADE OUT OF:CORPUS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AAA CHILDREN'S OUTING 15 WEST CENTRAL PKWY CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ALZHEIMER'S ASSOCIATION 644 LINN ST SUITE 1026 CINCINNATI,OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
AMERICAN CANCER SOCIETY - NORTHERN KENTUCKY OFFICE 297 BUTTERMILK PIKE FT MITCHELL,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA,VA 22311	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
AMERICAN FOUNDATION FOR THE BLIND INC 2 PENN PLAZA SUITE 1102 NEW YORK,NY 10121	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
AMERICAN INSTITUTE FOR CANCER RESEARCH 1759 R STREET NW PO BOX 97167 WASHINGTON,DC 20090	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
AMERICAN LEGION PO BOX 361656 INDIANAPOLIS,IN 46236	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
AMERICAN RED CROSS - CINCINNATI REGION 2111 DANA AVE CINCINNATI,OH 45207	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
AMVETS - NATIONAL SERVICE FOUNDATION 4647 FORBES BLVD LANHAM,MD 20706	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
ARBOR DAY FOUNDATION 100 ARBOR AVENUE NEBRASKA CITY,NE 68410	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
ARTHRITIS FOUNDATION 7124 MIAMI AVENUE CINCINNATI,OH 45243	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
BE CONCERNED 714 WASHINGTON ST COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
BEECHWOOD BAND BOOSTERS PO BOX 17353 FT MITCHELL,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
BEHRINGER - CRAWFORD MUSEUM 1600 MONTAGUE RD - DEVOU PARK COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
BOONE CONSERVANCY PO BOX 416 BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOONE COUNTY CASA - COURT APPOINTED SPECIAL ADVOC 2989 WASHINGTON SQUARE BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	150
BOY SCOUTS OF AMERICA 10078 READING RD CINCINNATI,OH 45241	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
BOYS HOPE GIRLS HOPE 4225 MALSBARY RD SUITE 208 CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
BRAILLE BOOKS FOR BLIND CHILDREN 1800 JOHNSON ST BALTIMORE,MD 21230	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
BRIGHTEN CENTERS - FOOD PANTRY PO BOX 325 NEWPORT,KY 41072	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CATHOLIC CHARITIES SW OHIO 100 E 8TH STREET CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CEDAR VILLAGE FOUNDATION 5467 CEDAR VILLAGE DRIVE MASON,OH 45040	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSDALE,KY 42164	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CHILDREN'S HOME OF CINCINNATI 5050 MADISON ROAD CINCINNATI,OH 45227	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CHILDREN'S HOME OF N KENTUCKY 200 HOME ROAD DEVOU PARK COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON,DC 20010	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CHRISTIAN APPALACHIAN PROJECT 6550 SOUTH KY RT 321 PO BOX 459 HAGERHILL,KY 41222	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CINCINNATI CHILDREN HOSPITAL 3333 BURNET AVE CINCINNATI,OH 45229	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
CINCINNATI EDUCATIONAL TV 1223 CENTRAL PARKWAY CINCINNATI,OH 45214	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CINCINNATI FIRE MUSEUM 315 WEST COURT STREET CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CINCINNATI HABITAT FOR HUMANITY 4910 PARA DRIVE CINCINNATI,OH 45237	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CINCINNATI MUSEUM CENTER 1301 WESTERN AVENUE CINCINNATI,OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CINCINNATI SCHOLARSHIP FDTN 602 MAIN ST SUITE 1000 CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CINCINNATI WALDORF SCHOOL 5555 LITTLE FLOWER AVE CINCINNATI,OH 45239	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
CITY GOSPEL MISSION 1419 ELM ST CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
COVENANT HOUSE 461 EIGHT AVE NEW YORK,NY 10001	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY PARK HILLS,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CRAYONS TO COMPUTERS 1350 TENNESSEE AVENUE CINCINNATI,OH 45229	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
CUMBERLAND COLLEGE 6191 COLLEGE STATION DRIVE WILLIAMSBURG,KY 40769	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA,MD 20814	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
DINSMORE HOMESTEAD PO BOX 453 BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
DIOCESAN CATHOLIC CHILDRENS HM 75 ORPHANAGE ROAD PO BOX 17007 FT MITCHELL,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
DROP INN CENTER SHELTERHOUSE 217 W 12TH STREET CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
EASTER SEALS PO BOX 111128 LEXINGTON,KY 40512	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
EMERGENCY COLD SHELTER OF NORTHERN KENTUCKY 634 SCOTT STREET COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EPILEPSY FOUNDATION PO BOX 96546 WASHINGTON,DC 20077	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
FAIRHAVEN RESCUE MISSION 260 PIKE ST PO BOX 12761 COVINGTON,KY 41012	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
FAMILY NURTURING CENTER 8275 EWING BLVD FLORENCE,KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
FREESTORE FOODBANK 1141 CENTRAL PARKWAY CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	300
FRIENDS OF BIG BONE INC PO BOX 184 PETERSBURG,KY 41080	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
GEORGIA TECH ALUMNI ASSOC 190 NORTH AVE ATLANTA,GA 30313	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HAPPEN INC 4201 HAMILTON AVE CINCINNATI,OH 45223	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HEALING PLACE 1020 W MARKET STREET LOUISVILLE,KY 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HEARING SPEECH & DEAF CENTER OF GREATER CINCINNATI 2825 BURNET AVENUE CINCINNATI,OH 45219	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK,AR 72202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HENRY HOSEA HOUSE PO BOX 72046 NEWPORT,KY 41072	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HERITAGE FOUNDATION COVINGTON AREA MEMBERSHIP DR PO BOX 97057 WASHINGTON,KY 20077	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE,MI 49242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE,KY 40206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
HOSPICE OF CINCINNATI 4310 COOPER RD CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50

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HOSPICE OF ST ELIZABETH HEALTHCARE 483 SOUTH LOOP RD EDGEWOOD,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HOSPICE OF THE BLUEGRASS 2312 ALEXANDRIA DR LEXINGTON,KY 40504	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
HOUSING OPPORTUNITIES OF NORTHERN KENTUCKY 502 FRY STREET COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
INTL FELLOWSHIP OF CHRISTIANS & JEWS 30 NORTH LASALLE ST SUITE 2600 CHICAGO,IL 60602	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
JEWISH NATIONAL FUND 9918 CARVER ROAD - STE 102 CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
JUNIOR ACHIEVEMENT 644 LINN ST SUITE 1024 CINCINNATI,OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
JUVENILE DIABETES RESEARCH FNDT BANK OF KENTUCKY INC 111 LOOKOUT FARM DR CRESTVIEW HILLS,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
KENTUCKY WATERWAYS ALLIANCE 120 WEBSTER ST STE 217 LOUISVILLE,KY 40206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
KET 560 COOPER DR LEXINGTON,KY 40502	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
LEUKEMIA & LYMPHOMA SOCIETY SOUTHERN OHIO CHAPTER 2300 WALL STREET CINCINNATI,OH 45212	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
LIFEPOINT SOLUTIONS 3730 GLENWAY AVE CINCINNATI,OH 45205	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
LIGHTHOUSE YOUTH SERVICES 401 E MCMILLAN STREET CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
LITERACY NETWORK OF GR CINTI 635 W 7TH STREET SUITE 103 - 19 BROADCAST PLAZA CINCINNATI,OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
LITTLE BROTHERS FRIENDS OF THE ELDERLY 5530 COLERAIN AVENUE CINCINNATI,OH 45239	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG,MD 20871	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50

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MAKE A WISH FOUNDATION PO BOX 97104 WASHINGTON,DC 20090	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MARCH OF DIMES PO BOX 1549 AKRON,OH 44309	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MIAMI PROJECT TO CURE PARALYSIS 730 SW 69TH TERRACE PEMBROKE PINES,FL 33023	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
MIAMI UNIVERSITY 725 E CHESTNUT ST OXFORD,OH 45056	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
MULTIPLE SCLEROSIS ASSOC OF AM 706 HADDONFIELD ROAD CHERRY HILL,NJ 08002	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	25
MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON,AZ 85718	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL AUDUBON SOCIETY 225 VARICK ST 7TH FLOOR NEW YORK,NY 10014	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL BREAST CANCER COAILITION 1101 17TH ST NW SUITE 1300 WASHINGTON,DC 20036	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL CANCER RESEARCH 1025 CONNECTICUTE AVE NW 1012 PO BOX 96676 WASHINGTON,DC 20090	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL FEDERATION OF THE BLIND 200 EAST WELLS ST BALTIMORE,MD 21230	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL FOUNDATION FOR CANCER RESEARCH 4600 EAST WEST HIGHWAY STE 525 BETHESDA,MD 20814	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL MULTIPLE SCLEROSIS SOC - OHIO VALLEY CHAPTER PO BOX 14030 CINCINNATI,OH 45250	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL PARKS CONSERVATION ASSOC 777 6TH STREET NW SUITE 700 WASHINGTON,DC 20001	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL TRUST FOR HISTORIC PRESERVATION 1785 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON,VA 20190	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50

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NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 22203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NEEDIEST KIDS OF ALL PO BOX 636666 CINCINNATI,OH 45263	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
NEW PERCEPTIONS INC ONE SPERTI DR EDGEWOOD,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
NKU FOUNDATION - NORTHERN KENTUCKY UNIVERSITY 100 NUNN DRIVE HIGHLAND HGHTS,KY 41076	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NORTHERN KENTUCKY UNIV FOUND LUCAS ADMIN CENTER 221 NUNN DR HIGHLAND HGHTS,KY 41099	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ONE WAY FARM - CHILDREN'S SHELTER 6131 RIVER ROAD - PO BOX 18637 FAIRFIELD,OH 45018	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
OPERATION SMILE 6435 TIDEWATER DR NORFOLK,VA 23509	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
OUR DAILY BREAD PO BOX 14862 CINCINNATI,OH 45250	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
PARISH KITCHEN PO BOX 1234 COVINGTON,KY 41012	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEWYORK,NY 10018	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
PREVENT BLINDNESS OHIO 1500 W THIRD AVE - STE 200 COLUMBUS,OH 43212	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA,CA 90401	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
REDWOOD 71 ORPHANAGE ROAD FT MITCHELL,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SALVATION ARMY 1806 SCOTT BLVD COVINGTON,KY 41014	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
SANTA MARIA COMMUNITY SERVICES - ADMINISTRATIVE OFFICE 2918 PRICE AVENUE CINCINNATI,OH 45204	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50

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SCHOOL FOR CREATIVE & PERFORMING ARTS 108 WEST CENTRAL PARKWAY CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SENIOR SERVICES OF NO KY 1032 MADISON AVENUE COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA,FL 33607	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SIERRA CLUB 85 SECOND STREET SAN FRANCISCO,CA 94105	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
SMILE TRAIN 41 MADISON AVENUE 28TH FLOOR NEW YORK,NY 10010	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SPECIAL OLYMPICS KENTUCKY PO BOX 2300 FRANKFURT,KY 40602	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
SPECIAL OLYMPICS OHIO PO BOX 668 COLUMBUS,OH 43216	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	25
ST BERNARD FOOD PANTRY 701 FIFTH AVE DAYTON,KY 41074	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
ST CHARLES NURSING HOME 500 FARRELL DRIVE COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
ST ELIZABETH HEALTHCARE FDTN 1 MEDICAL VILLAGE DRIVE EDGEWOOD,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST JOSEPH ACADEMY 48 NEEDMORE ST WALTON,KY 41094	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST JOSEPH ORPHANAGE - OFFICE OF COMMUNITY RELATIONS 5400 EDALBERT DRIVE CINCINNATI,OH 45239	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
ST RITA SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD ROAD CINCINNATI,OH 45215	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
ST VINCENT DE PAUL NO KY - ATTN EXECUTIVE DIRECTOR 2655 CRESCENT SPRINGS RD COVINGTON,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50


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SUSAN G KOMEN FOR THE CURE - GLOBAL HEADQUARTERS 5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
TENDER MERCIES INC 27 W 12TH STREET CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
TOYS FOR TOTS PO BOX 227 MARINE CORPS BASE QUANTICO,VA 22134	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
UNITED CEREBRAL PALSY OF GREATER CINCINNATI 3601 VICTORY PARKWAY CINCINNATI,OH 45229	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
UNITED WAY OF GREATER CINTI 11 SHELBY ST FLORENCE,KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
USO PO BOX 96860 WASHINGTON,DC 20077	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
VOLUNTEERS OF AMERICA 700 W PETE ROSE WAY STE 334 CINCINNATI,OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
WELCOME HOUSE OF NORTHERN KY 205 PIKE STREET COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
WELLNESS COMMUNITY - THE LYNN STERN CENTER 4918 COOPER RD CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
WILDERNESS SOCIETY 1615 M ST NW WASHINGTON,DC 20036	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
WISH LISTUNITED WAY 2400 READING ROAD CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
WOMEN'S CONNECTION 4042 GLENWAY AVENUE CINCINNATI,OH 45205	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
WOMEN'S CRISIS CENTER 835 MADISON AVE COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
WORLD WILDLIFE FOUNDATION 1250 TWENTY - FOURTH ST NW WASHINGTON,DC 20037	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50

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WOUNDED WARRIER PROJECT 4899 BELFORT RD SUITE 300 JACKSONVILLE,FL 32256	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
YMCA CAMP ERNST 7615 CAMP ERNST RD BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,200
CANCER SUPPORT COMMUNITY 4918 COOPER RD CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CHILDRENS THEATRE OF CINCINNATI 5020 OAKLAWN DR- STE 2000 CINCINNATI,OH 45227	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	300
ICE THEATRE OF NEWYORK 59 CHECLSEA PIERS- STE 5911 NEWYORK,NY 10011	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	1,000
INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI 990 NASSAU STREET CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
LEARNING ALLY 20 ROSZEL RD PRINCETON,NJ 08540	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
MADISON AVENUE CHRISTIAN CHURCH 1530 MADISON AVE COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
MATHEW 25MINISTRIES 11060 KENWOOD RD CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
MAY WE HELP 7527 WOOSTER PIKE CINCINNATI,OH 45227	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
OVER-THE RHINE KITCHEN PO BOX 6045 CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
PLAN THE WAY FOUNDATION 7815 COOPER RD- SUITE F CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
POINTARC OF NORTHERN KENTUCKY 104 WEST PIKE ST COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	300
POTTERS RANCH 5194 BEAVER ROAD UNION,KY 41091	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
UNIVERSITY OF CINCINNATI NEUROSCIENCE INSTITUTE PO BOX 670570 CINCINNATI,OH 45267	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	100

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VILLA MADONNA ACADEMY 2500 AMSTERDAM RD VILLA HILLS,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	200
CINCINNATI VA MEDICAL CENTER 3200 VINE STREET CINCINNATI,OH 45220	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
FACES WITHOUT PLACES 3704 CHEVIOT AVE CINCINNATI,OH 45211	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	50
MINNESOTA OVARIAN CANCER ALLIANCE INC 4604 CHICAGO AVE SOUTH MINNEAPOLIS,OH 55407	NONE	TAX-EXEMPT	UNRESTRICTED GRANT	100
Total  3a				17,300