

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Form 990-PF Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending						
Name of foundation					A Employer identification	number
BURLEIGH FAMILY FOUNDATION					31-6543121	
Nun	ber a	nd street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	05	EAST FOURTH STREET		300	513-579-15	00
		own, state or province, country, and ZIP or foreign p CINNATI, OH 45202	ostal code	, ,	C If exemption application is p	pending, check here
_		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s check here
•		Final return	Amended return	or paono onanty		
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, pmputation
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	
l Fa	ir ma	rket value of all assets at end of year J Accounti	ng method [.] X Cash	Accrual	F If the foundation is in a	60-month termination
			her (specify)		under section 507(b)(1))(B), check here ►
		3,961,935. (Part I, colu	mn (d) must be on cash b	pasis.)		γ
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	(II) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	243,555.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	18,232.	18,232.		STATEMENT 1
	4	Dividends and interest from securities	29,612.	29,612.		STATEMENT 2
	5a	Gross rents .		······		
	b	Net rental income or (loss)	242 252	***************************************		*************************************
ě	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all groups to line 80 593,415.	243,252.			
Revenue	_ b	assets on line 6a		243,252.		#
Re	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain		243,232.		
	9	Income modifications		!*************************************		
	10a	Gross sales less returns		······································		
	b				 	
	C	Gross profit or (loss)				
	11	Other income	83.	83.		STATEMENT 3
	12	Total. Add lines 1 through 11	534,734.	291,179.		
	13	Compensation of officers, directors, trustees, etc	0.	0.	RECEIVE	0.
	14	Other employee salaries and wages				S
es	15	Pension plans, employee benefits	14,819.	0.	S NOV A S 20	1 - 1
nse		Legal fees STMT 4 Accounting fees STMT 5	8,930.	0.	S NOV 7 8 50	Ø 8,930.
×pe		Accounting fees STMT 5 Other professional fees STMT 6	26,505.	26,505		0.
ē m	17	Interest	20,000	20,000	9GPEN_i	
aţį	18	Taxes STMT 7	694.	494.		200.
nist	19	Depreciation and depletion		· · ·		, , , , , , , , , , , , , , , , , , ,
F.	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
and Administrative Expens	22	Printing and publications				
ing	23	Other expenses STMT 8	9,445.	6,286.		3,159.
Operating	24	Total operating and administrative	60,393.	22 205		27 100
ŏ	2E	expenses. Add lines 13 through 23	480,125.	33,285.		27,108. 480,125.
	25 26	Contributions, gifts, grants paid Total expenses and disbursements.	400,123.			700,123.
	26	Add lines 24 and 25	540,518.	33,285.		507,233.
	27					1
		Excess of revenue over expenses and disbursements	<5,784.			
		Net investment income (if negative, enter -0-)		257,894.		
	C	Adjusted net income (if negative, enter -0-)			N/A	

4	2
f year	_

Form 990-PF (2014) BURLEIGH FAMILY FOUNDATION					31-6543121 Page 2			
P	ari	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year				
	-		(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	600 540	242 (41	242 (41			
	ı	Savings and temporary cash investments	682,548.	242,641.	242,641.			
	3	Accounts receivable	•					
		Less allowance for doubtful accounts			111111 111111 1111111 11111111			
	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	-					
ets	1 -	Inventories for sale or use						
Assets		Prepaid expenses and deferred charges						
_		Investments - U.S. and state government obligations	2 072 515	2 472 620	2 710 204			
		n Investments - corporate stock STMT 9	2,872,515.	3,473,638.	3,719,294.			
	E	Investments - corporate bonds			· · · · · · · · · · · · · · · · · · ·			
	11	Investments - land, buildings, and equipment basis						
	l	Less accumulated depreciation .						
	12	Investments - mortgage loans						
	13	Investments - other			······································			
	14	Land, buildings, and equipment basis		1				
	1	Less accumulated depreciation	167 000					
	1	Other assets (describe ► STATEMENT 10)	167,000.	0.	0.			
	16	Total assets (to be completed by all filers - see the	2 700 062	2 716 270	2 061 025			
_		instructions Also, see page 1, item I)	3,722,063.	3,716,279.	3,961,935.			
		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						
			0.	0.				
	23	Total liabilities (add lines 17 through 22)	U .	0.				
		Foundations that follow SFAS 117, check here						
S		and complete lines 24 through 26 and lines 30 and 31.						
2	24	Unrestricted		· · · · · · · · · · · · · · · · · · ·				
ala	25	Temporarily restricted						
or Fund Balances	26	Permanently restricted Foundations that do not follow SFAS 117, check here						
Ę		,						
<u>~</u>		and complete lines 27 through 31.	3,722,063.	2 716 270				
ets	27	Capital stock, trust principal, or current funds	0.	3,716,279.				
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.				
et A	29	Retained earnings, accumulated income, endowment, or other funds	3,722,063.	3,716,279.				
ž	30	Total net assets or fund balances	3,722,003.	3,110,213.				
		Total liabilities and not accept found belongs	3,722,063.	3,716,279.				
_		Total liabilities and net assets/fund balances		3/110/213.				
F	art	Analysis of Changes in Net Assets or Fund Ba	alances					
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30					
		st agree with end-of-year figure reported on prior year's return)		1	3,722,063.			
2		r amount from Part I, line 27a		2	3,722,063. <5,784.			
3		er increases not included in line 2 (itemize)		3	0.			
4	Add	lines 1, 2, and 3		4	3,716,279.			
5	Deci	reases not included in line 2 (itemize)		5	0.			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	3,716,279.			
				<u> </u>	Form 990-PF (2014)			

31-6543121 Form 990-PF (2014) BURLEIGH FAMILY FOUNDATION Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (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) 18 PUBLICLY TRADED SECURITIES P b FEG ABSOLUTE ACCESS FUND P CAPITAL GAINS DIVIDENDS d (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 225,758.575,921. 350,163 а 4,552. 4,552. b 12,942. 12,942. 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 (k), but not less than -0-) or (k) Excess of col (I) (j) Adjusted basis Losses (from col (h)) (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any 225,758. 4,552. b 12,942. d е If gain, also enter in Part I, line 7 243,252. 2 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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) N/A 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 the instructions before making any entries (d) Distribution ratio (a)
Base period years (c) (b) Adjusted qualifying distributions Net value of noncharitable-use assets (col (b) divided by col (c)) Calendar year (or tax year beginning in) 3,923,231 475,458 .121190 2013 338,848 723,870. 3595 2012

	2011	475,544.	3,988,368.		.119233
_	2010	492,405.	4,013,200.		.122696
_	2009	304,095.	3,517,290.		.086457
2	Total of line 1, column (d)			2	.809107
3	Average distribution ratio for the 5-year base the foundation has been in existence if less the	period - divide the total on line 2 by 5, or by the an 5 years	number of years	3	.161821
4	Enter the net value of noncharitable-use asset	s for 2014 from Part X, line 5		4	3,910,034.
5	Multiply line 4 by line 3			5	632,726.
6	Enter 1% of net investment income (1% of Pa	rt I, line 27b)		6	2,579.
7	Add lines 5 and 6			7	635,305.
8	Enter qualifying distributions from Part XII, lir	ne 4		8	507,233.

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

	990-PF(2014) BURLEIGH FAMILY FOUNDATION		6543			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%	1			5,1	58.
	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-)	2				<u>0.</u>
3	Add lines 1 and 2	3			5 , 1	58.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0-	5			5,1	58.
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 <u>6a</u> <u>5,012</u>	.]				
b	Exempt foreign organizations - tax withheld at source 6b	_				
C	Tax paid with application for extension of time to file (Form 8868) 6c 6,000	.]				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7		1	1,0	<u> 12.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
	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			5,8	54.
	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 5,854 • Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities					,
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	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 the definition			16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O	<u>.</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•		2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	» .	· A	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	18	1/ A	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u> </u>
_	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	la laur				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	e iaw			X	1
_	remain in the governing instrument?	.,		7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V			Λ	ļ
0-	. Fator the etates to which the foundation reports or with which it is requestered (see instructions)					
88	Enter the states to which the foundation reports or with which it is registered (see instructions) OH					
	of 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	X	1
n	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar	•			
J	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	J001		9		Х
40	Did any persons become substantial contributors during the tay year?			10		X

Pa	rt VII-A Statements Regarding Activities (continued)			
_	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		\mathbf{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		X
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 ► LENOX WEALTH MANAGEMENT Telephone no ►513-61	8-7	080	
	Located at ▶8044 MONTGOMERY ROAD, CINCINNATI, OH ZIP+4 ▶45	236		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the			
	foreign country			
Pε	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1		
	(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)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	10	ļ	X
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years 🕨,,,,,,			
t	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) N/A	2b		ļ
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No	}		
ı	o If "Yes," did it have excess business holdings in 2014 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 2014.)	3b	 	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		x
	had not been removed from jeonardy before the first day of the tax year beginning in 2014?	1 4h	1	1 A

Form 990-PF (2014) BURLEIGH FAMILY FOUNDATI			31-65431	ZI Pag	ge 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955),	ectly,				
any voter registration drive?	Ye	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Ye	s X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?	, or outstand purposes, or r	Υ _ε	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un					
section 53 4945 or in a current notice regarding disaster assistance (see instri	in regulations	N/A	5b		
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		inod			
		//A	s No		
expenditure responsibility for the grant?	• • • • • • • • • • • • • • • • • • • •	17.54			
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?		T6			v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		ļ	6b	<u>X</u>
If "Yes" to 6b, file Form 8870.			(SZ)		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	es X No		<u></u>
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	ınagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	ISB
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expen account, of allowance	ther
WILLIAM R. BURLEIGH	TRUSTEE	enter -u-j	compensation	anowano	
	TROOTED				
	1.00	0.	0.		0.
CINCINNATI, OH 45202	TRUSTEE	· ·	0.	<u></u>	••
CATHERINE ANNE HUSTED BURLEIGH	TRUSTEE				
105 EAST FOURTH ST., SUITE 300	1 00	_	_		^
CINCINNATI, OH 45202	1.00	0.	0.	<u> </u>	0.
DAVID W. BURLEIGH	TRUSTEE				
105 EAST FOURTH ST., SUITE 300	0.50				^
CINCINNATI, OH 45202	0.50	0.	0.		0.
MARGARET W. BRECOUNT	TRUSTEE				
105 EAST FOURTH ST., SUITE 300					
CINCINNATI, OH 45202	0.50	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	T / - M	····	
(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) Expen account, o allowanc	ther
NONE					
	7			1	
	7		1		
	1				
		 			
	1				
	 		 	-	—
	†		1		
Table number of other ampleuses and over-\$50,000	<u> </u>	<u> </u>	 		0
Total number of other employees paid over \$50,000					

Form 990-PF (2014) BURLEIGH FAMILY FOUNDATION	31-6	543121 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	•	
Total number of others receiving over \$50,000 for professional services .		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	al information such as the ced, etc	Expenses
1N/A		-
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions.		
3		

Form **990-PF** (2014)

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations in	must complete this	part. Foreign foui	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ole, etc., purposes	 		
	Average monthly fair market value of securities			1a	3,427,566.
	Average of monthly cash balances			1b	3,427,566. 542,012.
	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	3,969,578.
	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	3,969,578.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)	•	4	59,544.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	on Part V, line 4	•	5	3,910,034.
6	Minimum investment return. Enter 5% of line 5			6	195,502.
P	Distributable Amount (see instructions) (Section 4942(I)(3) a foreign organizations check here and do not complete this part		iting foundations ar	nd certain	
1	Minimum investment return from Part X, line 6			1	195,502.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	5,158.		
b	Income tax for 2014. (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	5,158.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	190,344.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	190,344.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	190,344.
	Qualifying Distributions (see instructions)			I	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes		4.	507,233.
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a 1b	0
b					
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ible, etc., purposes	•	2	
3	Amounts set aside for specific charitable projects that satisfy the				
	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)	and Dark VIII June 4	•	3b	507,233.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, a		••	4	301,233.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estment			0.
_	Income Enter 1% of Part I, line 27b			6	507,233.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	ban palaulatina :::	hartha fawadatis-		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whet	HEI THE HOUNGSTION	quaimes tor	tus 2action
	4940(e) reduction of tax in those years				

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				190,344.
line 7				170,344.
2 Undistributed Income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only b Total for prior years	······································	······································	0 •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
g rotarior prior years		0.		
3 Excess distributions carryover, if any, to 2014.				*************************************
a From 2009 129,610.				
b From 2010 301, 107.				
c From 2011 280, 362.				
d From 2012 1, 161, 918.				
e From 2013 280, 134.				
	2,153,131.			
f Total of lines 3a through e 4 Qualifying distributions for 2014 from	2,133,131.	······································		
Part XII, line 4 > \$ 507, 233.				
a Applied to 2013, 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		······································		fr III' III' III III
·	0.			
(Election required - see instructions) d Applied to 2014 distributable amount			······································	190,344.
- · • · · · · · · · · · · · · · · · · ·	316,889.			170/344.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount				
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				-
	2,470,020.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2/1/0/0200			······································
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 2013. Subtract line		······································		······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				, , , , , , , , , , , , , , , , , , ,
not applied on line 5 or line 7	129,610.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2,340,410.			
10 Analysis of line 9				
a Excess from 2010 301,107.				
b Excess from 2011 280,362.				
c Excess from 2012 1,161,918.				
d Excess from 2013 280, 134.				
e Excess from 2014 316,889.				

Form 990-PF (2014) BURLEIG	H FAMILY FO	UNDATION		31-65	43121 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2014, enter the date of	the ruling .	. ▶		
b Check box to indicate whether the foun	dation is a private operati	ng foundation described	in section	4942(j)(3) or 49	942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			•		
c Qualifying distributions from Part XII,			-		
line 4 for each year listed					
d Amounts included in line 2c not		· · · · · · · · · · · · · · · · · · ·		·	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
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			1		
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 Inf	ormation (Comple	ete this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	ho have contributed more	than 2% of the total cor	ntributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000) (See	section 507(d)(2))			
SEE STATEMENT 11					
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large porti	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	. Scholarship, etc., F	Programs:		
Check here ► X If the foundation				not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur	nber or e-mail address of	the person to whom app	lications should be address	ssed	
b The form in which applications should	be submitted and informa	ation and materials they	should include		
c Any submission deadlines					
					
d Any restrictions or limitations on awar	ds, such as by geographic	cal areas, charitable field:	s, kinds of institutions, or	other factors	

Part XV Supplementary information				
3 Grants and Contributions Paid During the Yo	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	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
a Paid during the year	or substantial contributor	Techient	<u> </u>	
a rad dding me year				
ALL SAINTS CATHOLIC CHURCH	NONE	PUBLIC CHARITY	UNRESTRICTED USE	10,000
	-			10,000
ALLIANCE FOR CATHOLIC URBAN EDUCATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	10.000
				10,000
ATHENAEUM OF OHIO	NONE	PUBLIC CHARITY	UNRESTRICTED USE	
				5,000
CARING RESPONSE MADAGASCAR FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	
		-		1,000
CATHEDRAL BASILICA OF THE ASSUMPTION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	
	IMITATIVA MITONI CHIEF	7m (C)		5,000
	TINUATION SHEE	ET (2)	<u> </u>	480,125
b Approved for future payment				
NONE				
		-		
Total	<u> </u>	<u> </u>	▶ 3b	-
10701			► 30	ı

Part XVI-A	Anal	vsis of	Income-	Producing	Activities
• PAP • / • • X • X 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			

Enter gross amounts unless otherwise indicated	Unrelated t	usiness income		by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a ST. CECILIA CONGREGATION		· · · · · · · · · · · · · · · · · · ·	14	83.	
b					
C					
d					
8					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	18,232. 29,612.	
4 Dividends and interest from securities			14	29,612.	
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			18	243,252.	
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	<u></u>		_	001 170	
12 Subtotal Add columns (b), (d), and (e)	LL		0.	291,179.	0
13 Total. Add line 12, columns (b), (d), and (e)			•	13	291,179
(See worksheet in line 13 instructions to verify calculations.)				_, ,,	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)						
							
1							

Form 990-PF (2 Part XVII						and Relations	31-6 hips With None	543121 charitable	Pa	ge 13
the Code	ganization directly or indir (other than section 501(c)	(3) organizations) oi	r in section 52	27, relating	g to political organ		tion 501(c) of		⁄es	No
	from the reporting founda	ation to a noncharital	ble exempt or	ganization	of:					
(1) Cash								1a(1)		X
(2) Other b Other tran								1a(2)		
•	s of assets to a noncharital	hle exemnt organizat	ion					1b(1)		х
	hases of assets from a noi				•	•		1b(2)		X
, ,	al of facilities, equipment,		.				•	1b(3)		Х
, ,	bursement arrangements		•	•				1b(4)		X
(5) Loan	s or loan guarantees							1b(5)		X
(6) Perfo	ormance of services or me	mbership or fundrais	sıng solicitatio	ons				1b(6)		X
-	of facilities, equipment, ma	-						1c		X
or service	wer to any of the above is es given by the reporting for d) the value of the goods, (b) Amount involved	oundation. If the four other assets, or serv	ndation receive	red less th	an fair market vali	ue in any transaction		ent, show in		
(4) 2 110 110	(b) / mount myoned	(0)	N/A	- O.	garrie	(4) 2004.9.10	TO GALIOTO GALIOCOTO	, and onlining and	gciç	
		*					· · · · · · · · · · · · · · · · · · ·			
5 (44 HT)										
13 2 74							-120.3			
			-·							
							- ' (/ 			
										
				<u>-</u> .						
							 			
1					•					
	* ·									
ın section	indation directly or indirect 501(c) of the Code (other omplete the following sch	r than section 501(c) edule.	•	tion 527?		izations described	matal .	Yes	X] No
	(a) Name of org	janization		(b) Typ	e of organization	<u> </u>	(c) Description of rela	uonsnip		
				 			 			
	3 1			-			<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·		
	-									
				 		 				
Sign Here	r penalties of perjury, I declare pelier, it is true refrect, and cor	that have examined this typice to the latest	s return, including eparer, ther that	ng accompa an taxpayer)	is based on all inform	d statements, and to the mation of which prepare TRUST	ar has any knowledge	May the IRS direturn with the shown below (prepar	er
	Print/Type preparer's na	ame	Preparer's s		·	Date	Check If F	TIN		
i	, Jpo proparor o no						self- employed			
Paid	LINDA M. B	ROGAN	LINDA	M. B	ROGAN	11/04/15	, ,	P00167	147	
Preparer Use Only	Firm's name ► CAS						Firm's EIN ► 31			
	Firm's address ▶ 45					E 400	Dhans = E12	402 6		
	C1	NCINNATI,	<u> Оп 45</u>	244-	J004		Phone no. 513	Form 990		(2014)

Part XV Supplementary Information 3 Grants and Contributions Paid During the You				<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	Amount
CATHOLICS UNITED FOR THE POOR	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1 000
				1,000.
CINCINNATI CHILDREN'S HOSPITAL	NONE	PUBLIC CHARITY	UNRESTRICTED USE	25,000.
CINCINNATI NATURE CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED USE	2,500.
CISE	NONE	PUBLIC CHARITY	UNRESTRICTED USE	
				5,000.
COLONIAL WILLIAMSBURG FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000.
COVINGTON LATIN SCHOOL	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,500.
CROSS THE BRIDGE FOR LIFE	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,000.
CRYSTAL LAKE & WATERSHED ASSOCIATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	500.
DELTA GAMMA FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	500
DEPAUW UNIVERSITY	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000
Total from continuation sheets	<u>. I</u>			449,125

3 Grants and Contributions Paid During the Ye	,	- 		
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)	any foundation manager or substantial contributor	recipient		
INSMORE HOMESTEAD FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,000
DIOCESE OF COVINGTON	NONE	PUBLIC CHARITY	UNRESTRICTED USE	31,000
OOMINICAN FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	10,000
ETHICS AND PUBLIC POLICY CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED USE	25,000
FIRST THINGS	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000
FOCUS	NONE	PUBLIC CHARITY	UNRESTRICTED USE	105,000
FR BEITING APPALACHIAN MISSION CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000
GOOD SAMARITAN HOSPITAL FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,000
GRAND TRAVERSE REGIONAL LAND	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,000
HILLSDALE COLLEGE	NONE	PUBLIC CHARITY	UNRESTRICTED USE	10,000

Part XV Supplementary Information	ON FAMILY FOUNDA			43121
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient Name and address (home or business)	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
INTERCOLLEGIATE STUDIES INSTITUTE	NONE		UNRESTRICTED USE	50,000
JOHN AND JUDY RUTHVEN FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED USE	2,125
LITTLE SISTERS OF THE POOR	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000
MARQUETTE UNIVERSITY	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000
MERCANTILE LIBRARY	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,500
MISSIONARIES OF CHARITY	NONE	PUBLIC CHARITY	UNRESTRICTED USE	5,000
NEW HOPE CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED USE	1,000
OUR LADY OF LOURDES SCHOOL	NONE	PUBLIC CHARITY	UNRESTRICTED USE	6,000
POINT BETSIE LIGHTHOUSE	NONE	PUBLIC CHARITY	UNRESTRICTED USE	500
PONTIFICAL COLLEGE JOSEPHINUM Total from continuation sheets	NONE	PUBLIC CHARITY	UNRESTRICTED USE	27,500

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager Name and address (home or business) or substantial contributor PREGNANCY CENTER EAST NONE PUBLIC CHARITY UNRESTRICTED USE 6,000. REITZ MEMORIAL HIGH SCHOOL NONE PUBLIC CHARITY UNRESTRICTED USE 7,500. NONE PUBLIC CHARITY UNRESTRICTED USE RENEWAL MINISTRIES 1,000. NONE PUBLIC CHARITY UNRESTRICTED USE RUAH WOODS 21,000. RUSSELL KIRK CENTER NONE PUBLIC CHARITY UNRESTRICTED USE 1,000. PUBLIC CHARITY UNRESTRICTED USE NONE RUTH INSTITUTE 1,000. SHAKER VILLAGE OF PLEASANT HILL NONE PUBLIC CHARITY UNRESTRICTED USE 1,000. SISTERS OF LIFE NONE PUBLIC CHARITY UNRESTRICTED USE 5,000. PUBLIC CHARITY UNRESTRICTED USE ST. CECILIA ACADEMY NONE 16,000. PUBLIC CHARITY UNRESTRICTED USE ST. GERTRUDE CHURCH NONE 3,000. Total from continuation sheets

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 any foundation manager or substantial contributor status of Amount contribution Name and address (home or business) recipient ST. JOSEPH ACADEMY NONE PUBLIC CHARITY UNRESTRICTED USE 2,500. ST. PETER IN CHAINS CATHEDRAL NONE PUBLIC CHARITY UNRESTRICTED USE 1,000. NONE PUBLIC CHARITY UNRESTRICTED USE ST. URSULA ACADEMY 3,000. NONE PUBLIC CHARITY UNRESTRICTED USE ST. VINCENT DE PAUL SOCIETY 5,000. ST. XAVIER HIGH SCHOOL NONE PUBLIC CHARITY UNRESTRICTED USE 7,500. PUBLIC CHARITY UNRESTRICTED USE THE CATHOLIC FOUNDATION OF SW INDIANA NONE 10,000. PUBLIC CHARITY UNRESTRICTED USE NONE THE CATHOLIC THING 5,000. NONE PUBLIC CHARITY UNRESTRICTED USE THE FRIENDS OF ROSE GARDEN HOUSE 6,800. MISSION PUBLIC CHARITY UNRESTRICTED USE NONE WGUC 1,200. Total from continuation sheets

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

Employer identification number

	BU	RLEIGH FAMILY FOUNDATION	31-6543121
Organiza	ation type (check o	1e):	
Filers of	:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	•
		501(c)(3) taxable private foundation	
Note. Or General	nly a section 501(c) Rule For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule a filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
0		one contributor. Complete Parts I and II. See instructions for determining a contributor s	s total contributions.
Special	Hules		
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa- cruelty to children or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled motioner the total contributions that were received during the year for an exclusively religious, complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,
but it mi	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer Identification number

BURLEIGH FAMILY FOUNDATION

31-6543121

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		13be of contribution
WILLIAM & CATHERINE BURLEIGH 105 EAST FOURTH ST. SUITE 300 CINCINNATI, OH 45202	\$ <u>243,555</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(b)	(c)	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	CINCINNATI, OH 45202 (b) Name, address, and ZIP + 4 (c) Total contributions \$ (b) Name, address, and ZIP + 4 (c) Total contributions \$ (c) Total contributions \$ (d) Total contributions \$ (e) Total contributions \$ (f) Name, address, and ZIP + 4 (h) Name, address, and ZIP + 4 (h) Name, address, and ZIP + 4 (h) Total contributions \$ (h) Total contributions \$ (h) Total contributions

Employer identification number

BURLEIGH FAMILY FOUNDATION

31-6543121

art II	Noncash Property (see instructions). Use duplicate copies of P	art 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
1	3152 SHARES SCRIPPS NETWORKS INTERACTIVE		
:		<u>243,555.</u>	12/17/14
(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number 31-6543121 BURLEIGH FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once). Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee