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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation GEORGE AND MARY JO BUDIG FAMILY 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		B Telephone number (see instructions)  (513) 562-8244	
City or town, state or province, country, and ZIP or foreign postal code FORT MITCHELL, KY 41011		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		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"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 43,700		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (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 <b>not</b> 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				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	25,000	0		
Operating and Administrative Expenses	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 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	0	0		0
	25 Contributions, gifts, grants paid . . . . .	27,550			27,550
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	27,550	0		27,550
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-2,550			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
c <b>Adjusted net income</b> (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 )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	46,250	43,700	43,700
	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 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)	46,250	43,700	43,700	
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	46,250	43,700	
30	Total net assets or fund balances (see instructions) . . . . .	46,250	43,700		
31	Total liabilities and net assets/fund balances (see instructions) . . .	46,250	43,700		

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 46,250
2	Enter amount from Part I, line 27a . . . . .	2 -2,550
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 43,700
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 43,700

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) <div><div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div></div>		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div><div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .</div></div>		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 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))	
2013	21,900	37,065	0.590854	
2012	17,300	30,258	0.571750	
2011	14,550	20,158	0.721798	
2010	0	8,208	0.000000	
2009				
2	Total of line 1, column (d). . . . .		2	1.884402
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	0.471101
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .		4	63,690
5	Multiply line 4 by line 3. . . . .		5	30,004
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .		6	0
7	Add lines 5 and 6. . . . .		7	30,004
8	Enter qualifying distributions from Part XII, line 4. . . . .		8	27,550
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				

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 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	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	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 <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	0
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <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? . . . . .	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	1b		No
	<i>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.</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation <input type="checkbox"/> \$ <u>0</u> <b>(2)</b> On foundation managers <input type="checkbox"/> \$ <u>0</u>			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ <u>0</u>			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2		No
	<i>If "Yes," attach a detailed description of the activities.</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	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 <b>Form 990-T</b> for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5		No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
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? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	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? <i>If "No," attach explanation.</i>	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	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 and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, 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	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)? Yes 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 ). Yes 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here.	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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years 20 , 20 , 20 , 20 Yes No			
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? Yes No			
b	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		
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 2014?	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 4945(d)(4)(A)? (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 <b>any</b> 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.	<input checked="" type="checkbox"/>		
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	2 00			
FORT MITCHELL, KY 41011				
MARY JO BUDIG	TRUSTEE	0	0	0
129 PARK ROAD	2 00			
FORT MITCHELL, KY 41011				
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

## 3

**(a) Name and address of each person paid more than \$50,000**

## Part IX-A

## Expenses

**1**

## Part IX-B

Amount

**1**

3



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	64,660
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	64,660
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	64,660
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	970
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	63,690
6	Minimum investment return. Enter 5% of line 5. . . . .	6	3,185

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	3,185
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	
b	Income tax for 2014 (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	3,185
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	3,185
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	3,185

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	27,550
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	27,550
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	27,550

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				3,185
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .				
b From 2010. . . . .				
c From 2011. . . . .				10,073
d From 2012. . . . .				17,300
e From 2013. . . . .				21,900
f Total of lines 3a through e. . . . .	49,273			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 27,550				
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 (Election required—see instructions). . . . .	 0			
d Applied to 2014 distributable amount. . . . .				3,185
e Remaining amount distributed out of corpus	24,365			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	73,638			
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 instructions . . . . .			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 (see instructions). . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	73,638			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				10,073
c Excess from 2012. . . .				17,300
d Excess from 2013. . . .				21,900
e Excess from 2014. . . .				24,365

Part XIVPrivate 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 2014, 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)

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) 2014	(b) 2013	(c) 2012	(d) 2011	
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 XVSupplementary 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 or email address 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	27,550
b Approved for future payment				
Total . . . . .			3b	0


Enter gross amounts unless otherwise indicated

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


Form **990-PF** (2014)



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)				
<b>a</b> Paid during the year				
AAA CHILDREN'S OUTING 15 WEST CENTRAL PKWY CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ACTION MINISTRIES 4375 BORON DR COVINGTON,KY 41015	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 NEWYORK,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
ANDERSON FERRY FOOD PANTRY 380 GREENWELL AVE CINCINNATI,OH 45238	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
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
<b>Total</b> . . . . .  <b>3a</b>				27,550

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)				
<b>a</b> Paid during the year				
BEECHWOOD EDUCATIONAL FDTN 50 BEACHWOOD ROAD FT MITCHELL,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
BEHRINGER - CRAWFORD MUSEUM 1600 MONTAGUE RD - DEVOU PARK COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
BETA THETA PI 5134 BONHAM RD OXFORD,OH 45056	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	500
BETHANY HOUSE 1841 FAIRMOUNT AVE CINCINNATI,OH 45214	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
BOONE CONSERVANCY PO BOX 416 BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
BOONE COUNTY CASA - COURT APPOINTED SPECIAL ADVOC 2989 WASHINGTON SQUARE BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
BOY SCOUTS OF AMERICA 10078 READING RD CINCINNATI,OH 45241	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
BOYS HOPE GIRLS HOPE 4225 MALSBARY RD SUITE 208 CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
BRAILLE BOOKS FOR BLIND CHILDREN 1800 JOHNSON ST BALTIMORE,MD 21230	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
BRIGHTEN CENTERS - FOOD PANTRY PO BOX 325 NEWPORT,KY 41072	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
CANCER SUPPORT COMMUNITY 4918 COOPER RD CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
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 SCOTTSDVILLE,KY 42164	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CENTRAL CLINIC FOUNDATION 311 ALBERT SABIN WAY CINCINNATI,OH 45229	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
<b>Total . . . . .</b>  <b>3a</b>				27,550



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)				
<b>a</b> Paid during the year				
CENTRAL PARKWAY YMCA 1105 ELM STREET CINCINNATI, OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CHILDREN'S HOME OF CINCINNATI 5050 MADISON ROAD CINCINNATI, OH 45227	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
CHILDREN'S HOME OF N KENTUCKY 200 HOME ROAD DEVOU PARK COVINGTON, KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CHILDRENS THEATRE OF CINCINNATI 5020 OAKLAWN DR-STE 2000 CINCINNATI, OH 45227	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CHRISTIAN APPALACHIAN PROJECT 6550 SOUTH KY RT 321 PO BOX 459 HAGERHILL, KY 41222	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CHRISTIANS UNITED FOR ISRAEL PO BOX 1307 SAN ANTONIO, TX 78295	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CHURCH OF OUR SAVIOR 256 EAST 10TH AVE COVINGTON, KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
CINCINNATI CHILDREN HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
CINCINNATI DREAMWORKS 7660 TURFWAY RD - SUITE 200 FLORENCE, KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
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
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 VA MEDICAL CENTER 3200 VINE STREET CINCINNATI, OH 45220	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
<b>Total . . . . .</b>  <b>3a</b>				27,550


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)				
<b>a</b> Paid during the year				
CITY GOSPEL MISSION 1419 ELM ST CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND,OH 44195	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
CONDUCTIVE LEARNING CENTER 325 W 19TH STREET COVINGTON,KY 41014	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
COVENANT HOUSE 461 EIGHT AVE NEWYORK,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
COVINGTON LADIES HOME 702 GARRARD STREET COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
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
DESTINATION IMAGINATION 1000 COLINA DR VILLA HILLS,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	300
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	400
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	400
<b>Total . . . . .</b>  <b>3a</b>				27,550


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)				
<b>a</b> Paid during the year				
EPILEPSY FOUNDATION PO BOX 96546 WASHINGTON,DC 20077	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
FACES WITHOUT PLACES 3704 CHEVIOT AVE CINCINNATI,OH 45211	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
FAIRHAVEN RESCUE MISSION 260 PIKE ST PO BOX 12761 COVINGTON,KY 41012	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
FAMILY NURTURING CENTER 8275 EWING BLVD FLORENCE,KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
FAMILY PROMISE OF N KENTUCKY 336 WEST 9TH ST NEWPORT,KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
FASIG COMPANY 11629 OLD LEXINGTON PIKE WALTON,KY 41072	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
FREESTORE FOODBANK 1141 CENTRAL PARKWAY CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
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	100
HABBITAT FOR HUMANITY 4910 PARA DRIVE CINCINNATI,OH 45237	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
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
<b>Total . . . . .</b> ▶ <b>3a</b>				27,550


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)				
<b>a</b> Paid during the year				
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	100
HOSPICE OF ST ELIZABETH HEALTHCARE 483 SOUTH LOOP RD EDGEWOOD,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
HOSPICE OF THE BLUEGRASS 2312 ALEXANDRIA DR LEXINGTON,KY 40504	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
HOUSING OPPORTUNITIES OF NORTHERN KENTUCKY 502 FRY STREET COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI 990 NASSAU STREET CINCINNATI,OH 45206	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	100
JUNIOR ACHIEVEMENT 644 LINN ST SUITE 1024 CINCINNATI,OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
KENTUCKY SYMPHONY PO BOX 72810 NEWPORT,KY 41072	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
KENTUCKY WATERWAYS ALLIANCE 120 WEBSTER ST STE 217 LOUISVILLE,KY 40206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
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
<b>Total . . . . .</b>  <b>3a</b>				27,550


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)				
<b>a</b> Paid during the year				
LIFE LEARNING CENTER 315 EAST 15TH STREET COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
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
MADISON AVENUE CHRISTIAN CHURCH 1530 MADISON AVE COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
MAKE A WISH FOUNDATION PO BOX 97104 WASHINGTON,DC 20090	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
MARCH OF DIMES PO BOX 1549 AKRON,OH 44309	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MARINE CORPS HERITAGE FOUNDTN 3800 FETTLER PARK DR - STE 104 DUMFRIES,VA 22025	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MASTER PROVISIONS 7725 FOUNDATION DR FLORENCE,KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MATHEW 25MINISTRIES 11060 KENWOOD RD CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
MAY WE HELP 7527 WOOSTER PIKE CINCINNATI,OH 45227	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MENTORING PLUS 801 YORK STREET NEWPORT,KY 41071	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
MERCY MONTESSORI 2335 GRANDVIEW AVE CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
<b>Total . . . . .</b>  <b>3a</b>				27,550


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)				
<b>a</b> Paid during the year				
MIAMI PROJECT TO CURE PARALYSIS 730 SW 69TH TERRACE PEMBROKE PINES,FL 33023	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
MIAMI UNIVERSITY 725 E CHESTNUT ST OXFORD,OH 45056	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
MICHAEL J FOX FOUNDATION PO BOX 5014 HAGERSTOWN,MD 21741	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
MINNESOTA OVARIAN CANCER ALLIANCE INC 4604 CHICAGO AVE SOUTH MINNEAPOLIS,MN 55407	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MULTIPLE SCLEROSIS ASSOC OF AM 706 HADDONFIELD ROAD CHERRY HILL,NJ 08002	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON,AZ 85718	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATL AUDUBON SOCIETY 225 VARICK ST 7TH FLOOR NEWYORK,NY 10014	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL BREAST CANCER COAILITION 1101 17TH ST NW SUITE 1300 WASHINGTON,DC 20036	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL FEDERATION OF THE BLIND 200 EAST WELLS ST BALTIMORE,MD 21230	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL FOUNDATION FOR CANCER RESEARCH 4600 EAST WEST HIGHWAY STE 525 BETHESDA,MD 20814	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL MULTIPLE SCLEROSIS SOC - OHIO VALLEY CHAPTER PO BOX 14030 CINCINNATI,OH 45250	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
NATIONAL PARK FOUNDATION PO BOX 17394 BALTIMORE,MD 21298	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL PARKS CONSERVATION ASSOC 777 6TH STREET NW SUITE 700 WASHINGTON,DC 20001	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL TRUST FOR HISTORIC PRESERVATION 1785 MASSACHUSETTS AVE NW WASHINGTON,DC 20036	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NATL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON,VA 20190	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
<b>Total . . . . .</b>  <b>3a</b>				27,550

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 Paid during the year				
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 22203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
NEEDIEST KIDS OF ALL PO BOX 636666 CINCINNATI,OH 45263	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	500
NEW PERCEPTIONS INC ONE SPERTI DR EDGEWOOD,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	1,000
NEWPORT H S ALUMNI & ASSOC CO JORINE COMBS 126 VAN VOAST AVE BELLEVUE,KY 41073	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	100
OUR DAILY BREAD PO BOX 14862 CINCINNATI,OH 45250	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	300
OVER-THE RHINE KITCHEN PO BOX 6045 CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	300
PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON,NH 03086	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
PARISH KITCHEN PO BOX 1234 COVINGTON,KY 41012	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	300
PARKINSON RESEARCH FOUNDATION PO BOX 20256 SARASOTA,FL 34276	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
PARKINSON DISEASE REHABILITATION CENTER 343 CITY VIEW PLACE CINCINNATI,OH 45219	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEWYORK,NY 10018	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
PELOTONIA CANACER 105 EAST 4TH STREET- CN01 CINCINNATI,OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
Total . . . . .  3a				27,550

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)				
<b>a</b> Paid during the year				
PLAN THE WAY FOUNDATION 7815 COOPER RD- SUITE F CINCINNATI,OH 45242	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
POINTARC OF NORTHEN KENTUCKY 104 WEST PIKE ST COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	500
POTTERS RANCH 5194 BEAVER ROAD UNION,KY 41091	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
RABBIT HASH HISTORIC SOCIETY PO BOX 332 BURLINGTON,KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
REDWOOD 71 ORPHANAGE ROAD FT MITCHELL,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
ROTARY INTERNATIONAL POLIO ERADICATION TASK FORCE 1560 SHERMAN AVE EVANSTON,IL 60201	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SALVATION ARMY 1806 SCOTT BLVD COVINGTON,KY 41014	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	500
SANTA MARIA COMMUNITY SERVICES - ADMINISTRATIVE OFFICE 2918 PRICE AVENUE CINCINNATI,OH 45204	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
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	300
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA,FL 33607	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
SIERRA CLUB 85 SECOND STREET SAN FRANCISCO,CA 94105	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SMILE TRAIN 41 MADISON AVENUE 28TH FLOOR NEW YORK,NY 10010	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
<b>Total . . . . .</b>  <b>3a</b>				27,550




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)				
<b>a</b> <i>Paid during the year</i>				
SPECIAL OLYMPICS KENTUCKY PO BOX 2300 FRANKFURT,KY 40602	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SPECIAL OLYMPICS OHIO PO BOX 668 COLUMBUS,OH 43216	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST BERNARD FOOD PANTRY 701 FIFTH AVE DAYTON,KY 41074	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
ST CHARLES NURSING HOME 500 FARRELL DRIVE COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST ELIZABETH HEALTHCARE FDTN 1 MEDICAL VILLAGE DRIVE EDGEWOOD,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
ST JOHN CHURCH 627 PIKE ST COVINGTON,KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST JOHN'S UNITED CHURCH OF CHRIST 415 PARK AVE NEWPORT,KY 41071	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	100
ST PAULS OUTREACH MINISTRIES 7 COURT PLACE NEWPORT,KY 41071	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST RITA SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD ROAD CINCINNATI,OH 45215	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
ST VINCENT DE PAUL NO KY - ATTN EXECUTIVE DIRECTOR 2655 CRESCENT SPRINGS RD COVINGTON,KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
STRATEGIES TO END HOMELESSNESS PRINCE OF PEACE SHELTER 2368 VICTORY PARKWAY SUITE 600 CINCINNATI,OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
SUSAN G KOMEN FOR THE CURE - GLOBAL HEADQUARTERS 5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
<b>Total . . . . .</b>  <b>3a</b>				27,550

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)				
<b>a</b> Paid during the year				
TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI, OH 45206	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
TENDER MERCIES INC 27 W 12TH STREET CINCINNATI, OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
TOM ELLIS ATHLETIC MEMORIAL PO BOX 12132 COVINGTON, KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	50
TOYS FOR TOTS PO BOX 227 MARINE CORPS BASE QUANTICO, VA 22134	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
UNITED WAY OF GREATER CINTI 11 SHELBY ST FLORENCE, KY 41042	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
UNIVERSITY OF CINCINNATI NEUROSCIENCE INSTITUTE PO BOX 670570 CINCINNATI, OH 45267	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
USO PO BOX 96860 WASHINGTON, DC 20077	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
VILLA MADONNA ACADEMY 2500 AMSTERDAM RD VILLA HILLS, KY 41017	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	400
VOLUNTEERS OF AMERICA 700 W PETE ROSE WAY STE 334 CINCINNATI, OH 45203	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
WELCOME HOUSE OF NORTHERN KY 205 PIKE STREET COVINGTON, KY 41011	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
WILDERNESS SOCIETY 1615 M ST NW WASHINGTON, DC 20036	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	100
WISH LISTUNITED WAY 2400 READING ROAD CINCINNATI, OH 45202	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	200
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	100
WOUNDED WARRIER PROJECT 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	300
<b>Total . . . . .</b>  <b>3a</b>				27,550

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)				
<b>a</b> <i>Paid during the year</i>				
YMCA CAMP ERNST 7615 CAMP ERNST RD BURLINGTON, KY 41005	NONE	TAX-EXEMPT	UNRESTRICTED CONTRIBUTION	2,000
<b>Total . . . . .</b>  <b>3a</b>				27,550

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>GEORGE AND MARY JO BUDIG FAMILY FOUNDATION C/O GEORGE J BUDIG</div>	<div>Employer identification number</div> <div>35-2389585</div>
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Organization type (check one)

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Employer identification number**  
35-2389585

(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 for noncash contributions )
(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 for noncash contributions )
(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 for noncash contributions )
(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 for noncash contributions )
(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 for noncash contributions )
(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 for noncash contributions )
(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 for noncash contributions )

<b>Name of organization</b> GEORGE AND MARY JO BUDIG FAMILY FOUNDATION C/O GEORGE J BUDIG	<b>Employer identification number</b> 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
_____	_____ _____ _____ _____	_____ \$	_____

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

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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, 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
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(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
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	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
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**TY 2014 Distribution from Corpus Election**

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

**EIN:** 35-2389585

**Election:** TREATMENT OF QUALIFYING DISTRIBUTIONS ELECTION UNDER  
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 PRECEDING TAX YEAR'S UNDISTRIBUTED  
INCOME AS BEING MADE OUT OF: CORPUS