

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



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

SOSMINED HAN 5 - 2016

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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

For	cale	ndar year 2014 or tax year beginning OCT	1, 2014	, and ending	SEP 30, 201	5
Na	ime o	f foundation			A Employer identification	n number
	CHE	BUTLER FOUNDATION			31-098168	3
Nu	mber a	and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
	? . O	BOX 75020			859-292-5	500
		town, state or province, country, and ZIP or foreign p ICINNATI, OH 45275	oostal code		C If exemption application is	pending, check here
_		k all that apply: Initial return	Initial return of a	former public charity	D 1. Foreign organization	ns, check here
		Final return	Amended return	,		,
		Address change	Name change		Foreign organizations mechack here and attach of the control	neeting the 85% test, computation
H_	Check	k type of organization: X Section 501(c)(3) ex	xempt private foundation		E If private foundation st	atus was terminated
	Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	dation	under section 507(b)(
		arket value of all assets at end of year J Accounti	=	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1	I)(B), check here 🕨 📖
_	<u>-\$</u>	3,987,115. (Part I, colu		1		(4) -
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	314,000.	•	N/A	
	2	Check from savings and temporary	10	10		<u> </u>
	3	Interest on savings and temporary cash investments	12.			STATEMENT 1
	4	Dividends and interest from securities	52,772.	52,772.	,	STATEMENT 2
		Gross rents Net rental income or (loss)				
	62	Net gain or (loss) from sale of assets not on line 10	559,653.			
nue	b	Gross sales price for all	3337033			
Revenue	7	Capital gain net income (from Part IV, line 2)		559,653.	· · · · · · · · · · · · · · · · · · ·	
ď	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
		Less Cost of goods sold	 			
	1	Gross profit or (loss) Other income	550	FFO		COLVEDIA 3
	12	Total Add (@ F) hydrog 1711	926,996.			STATEMENT 3
	13	Compensation of officers, directors, pustees, etc	0.			0.
	110	Other employee salaries and wates				
	18⊆	Pension Blank, Employed Denemia				
ses	16a	l-enal-tees ICI				
pen	<u> </u> L	ACCOMEDEN, UT STMT 4	405.	0.		405.
and Administrative Expens	C	Other professional lees				
ıtive	17	Interest	500.			0.
stra	18	Taxes STMT 5	18,803.	18,803.		0.
nin.	19 20	Depreciation and depletion Occupancy		-		
Adn	21	Travel, conferences, and meetings				
Pu	22	Printing and publications				
e 51	23	Other expenses STMT 6	14,471.	8,643.		5,828.
ati	24	Total operating and administrative				
Operating	,	expenses. Add lines 13 through 23	34,179.	27,946.	***************************************	6,233.
J	25	Contributions, gifts, grants paid	597,903.			597,903.
	26	Total expenses and disbursements.	620 000	07.046		604 406
	C-	Add lines 24 and 25	632,082.	27,946.		604,136.
		Subtract line 26 from line 12:	294,914.			
	1 .	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	<u> </u>	585,050.		
	1	Adjusted net income (if negative, enter -0-)			N/A	

Form **990-PF** (2014)

423511 11-24-14

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

31-0981683 Page 3

Part IV Capital Gains	and Losses for Tax on I	Investmen	t 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 acc P - Purch D - Donat				low acquired - Purchase - Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a CHARLES SCHWAB-SCHEDULE ATTACHED					P	VARI	OUS	VARIOUS
b		<u> </u>		_				
d								
e						· ·		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss s (f) minus	
a 1,455,890.			896,23	7.				559,653.
<u>b</u>			- ".	-			 -	
d			 _					
е								
Complete only for assets showing	ng gain in column (h) and owned b	y the foundation	on 12/31/69			(a) Gains (Col. (h) gair	n minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			Losses	not less that (from col.	(h))
<u>a</u>		ļ						559,653.
<u>b</u>	 	+					.	·
d				-				
e		 					•	
_ -	∫ If gain, also ent	er in Part I, line	 7	٦				
2 Capital gain net income or (net ca		0- ın Part İ, lıne	7	<i>}</i> }	2			559,653.
3 Net short-term capital gain or (los		and (6):		٦				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).				2		N/A	
Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estment In	come		`
(For optional use by domestic private	e foundations subject to the section	1 4940(a) tax on	net investment in	come	.)			
If section 4940(d)(2) applies, leave t	hie nart hlank							
Was the foundation liable for the sec		, ,	•	log.s				Yes X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in	each column for each year; see the			ntries				
(a) Base period years	(b)			(c)			Dietri	(d) bution ratio
Calendar year (or tax year beginni			Net value of no				(col. (b) divided by col. (c))	
2013		48,967.		4	,453,18	5.		.123275
2012		460,857.			, 983, 59:			.115689
2011 2010		558,835. 608,486.			,427,51 ,807,13			.163044
2009		91,403.			,054,23			.145873
2 Total of line 1, column (d)						_ 2		.707709
3 Average distribution ratio for the		l on line 2 by 5,	or by the number	of yea	ars			4 4 4 5 4 0
the foundation has been in existe	nce if less than 5 years					3	-	.141542
4 Enter the net value of noncharitab	ole-use assets for 2014 from Part X	C, line 5				4	ļ	4,432,485.
5 Multiply line 4 by line 3				_5_		627,383.		
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6		5,851.
7 Add lines 5 and 6						7		633,234.
8 Enter qualifying distributions fron	n Part XII, line 4					8		604,136.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part using	g a 1%	6 tax rate.			

		<u>0981</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	· see ii	nstru	ictio	ns)
1a	a 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)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%		<u> </u>	<u>1,7</u>	01.
	of Part I, line 27b	ł			
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-)				0.
3	Add lines 1 and 2		1	1,7	01.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	<u>1,7</u>	01.
6	Credits/Payments:				
а	a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 10,600.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
	Total credits and payments. Add lines 6a through 6d	<u> </u>	<u> </u>	0,6	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<u> </u>			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	——		1,1	01.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax				
	art VII-A Statements Regarding Activities			V	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		H .	Yes	
	any political campaign?		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	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.				
	: Did the foundation file Form 1120-POL for this year?		1c		X
O	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		i		
-	managers. > \$ 0.		į l		
9	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	ŀ			
Ū	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
		/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		х
•	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	ОН				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT	9	8b		Х
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)? If "Yes," complete Part XIV		9		Х
۱0	Did any persons become substantial contributors during the tay year? Is than a cabadula letter they person and addresses	,	10		x

Form **990-PF** (2014)

Х

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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

Form 990-PF (2014) THE BUTLER FOUNDATION			31-09816	583	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	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	es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?		Ye	es X No	ļ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				Ì
4945(d)(4)(A)? (see instructions)			es 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?		Ye	s X No		l l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	iere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		_			
expenditure responsibility for the grant?	I.	1/A 🗌 Ye	es No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Ĺ	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) [voonoo
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
	to position	enter -U-)	compensation	allo	wances
1900 A					
SEE STATEMENT 10		0.	0.		0.
DHE DIATEMENT TO					
		1			
				1	
				 	
- W4-1/W					
		+			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(-) Company	(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deterred compensation	accou	wances
NONE					
]			
					
Total number of other employees paid over \$50,000			<u> </u>		0

Form **990-PF** (2014)

Form 990-PF (2014) THE BUTLER FOUNDATION		<u>1981683 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	,,	<u> </u>
		1
1991		
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 statistics		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	
1 N/A		
		·
2		
3		
4		
7		
The state of the s		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
The state of the s	<u> </u>	
Total. Add lines 1 through 3	>	0.

0 • Form **990-PF** (2014)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 4,383,384. 1a **b** Average of monthly cash balances 116,601. 1b c Fair market value of all other assets 1c 4,499,985. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e_ 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 67,500. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 4,432,485. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 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.) 221,624. Minimum investment return from Part X, line 6 11,701. 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 11,701. 2c c Add lines 2a and 2b 209.923. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 209,923. Add lines 3 and 4 5 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 209 923. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 604,136. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 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 604,136. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b

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

Form 990-PF (2014)

6

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,		100/0 p/10/10 20 10	2010	2011
line 7				209,923.
2 Undistributed income, if any, as of the end of 2014		78. h. d. 2. V		
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 397,815.				
b From 2010 421,409.				
c From 2011 392,219.				
d From 2012 263,630.				
e From 2013 336,808.				
f Total of lines 3a through e	1,811,881.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 604,136.				
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		·		209,923.
e Remaining amount distributed out of corpus	394,213.			
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	2,206,094.			
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.	ļ
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	207 015			
not applied on line 5 or line 7	397,815.			
9 Excess distributions carryover to 2015.	1 000 270			
Subtract lines 7 and 8 from line 6a	1,808,279.			
10 Analysis of line 9: a Excess from 2010 421,409.				
a Excess from 2010 421,409. b Excess from 2011 392,219.				
c Excess from 2012 263,630.				
d Excess from 2013 205, 630.				
e Excess from 2014 394, 213.				
423581 11-24-14				Form 990-PF (2014)
		1.0		

	oundations (see in:		-A. question 9)		181683 Faye II			
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a Enter the lesser of the adjusted net	Tax year	ig loundation accorded t	Prior 3 years	1 4042(J)(0) 01 L	1			
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	1							
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:			<u> </u>					
(1) Total support other than gross								
investment income (interest,								
dividends, rents, payments on								
securities loans (section 512(a)(5)), or royalties)			1					
(2) Support from general public								
and 5 or more exempt	,							
organizations as provided in section 4942(j)(3)(B)(iii)								
(3) Largest amount of support from			····					
an exempt organization								
(4) Gross investment income								
Part XV Supplementary Info	mation (Comple	te this part only i	f the foundation	had \$5,000 or mo	ore in assets			
at any time during the	ne year-see instr	uctions.)						
1 Information Regarding Foundation	n Managers:							
a List any managers of the foundation who	have contributed more t	than 2% of the total contr	ibutions received by the	foundation before the clo	se of any tax			
year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)						
NONE								
b List any managers of the foundation who	own 10% or more of the	e stock of a corporation (or an equally large porti	on of the ownership of a p	artnership or			
other entity) of which the foundation has	a 10% or greater interes	t.						
NONE		<u></u>						
2 Information Regarding Contribution		• • • •						
				not accept unsolicited requ				
the foundation makes gifts, grants, etc. (see instructions) to indivi	iduals or organizations ur	nder other conditions, co	omplete items 2a, b, c, and	l d.			
a The name, address, and telephone numb	er or e-mail address of th	he person to whom applic	ations should be addres	ssed:				
SEE STATEMENT 11					· w			
b The form in which applications should be	submitted and informati	ion and materials they sh	ould include:					
c Any submission deadlines:		111-211-211-211-211-211-211-211-211-211			····			
d Any restrictions or limitations on awards,	such as by geographica	l areas, charitable fields, i	kinds of institutions, or c	other factors:	. <u> </u>			

Form 990-PF (2014) THE BUTLER FOUNDATION
Part XV Supplementary Information (continued)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ACTION MINISTRIES	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON , KY				5,000.
ALLIANCE FOR CATHOLIC URBAN EDUCATION	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
CONTRACTOR WY				25 000
BAWAC, INC.	NONE	501(C)(3)	PROGRAM SUPPORT	25,000,
binno, ino.		501(0)(3)	I NOSIGE BOLLOW	
FLORENCE, KY				10,000.
BE CONCERNED	NONE	501(C)(3)	OPERATING SUPPORT	
COVINGTON, KY		-		10,575.
BRIGHTON CENTER, FISCAL AGENT FOR SAFETY NET ALLIANCE	NONE	501(C)(3)	PROGRAM SUPPORT	
NEWPORT KY				2,271.
	TINUATION SHEE	TT(S)	▶ 3a	597,903.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	l business income		by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	7,11104111	code	Amount		
a	-		-			
b	i I		 			
C			 			
d						
e	-					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	12.		
4 Dividends and interest from securities			14	52,772.		
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			01	559.		
8 Gain or (loss) from sales of assets other than inventory			18	559,653.		
9 Net income or (loss) from special events					,	
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b	_					
C						
d						
e	_					
12 Subtotal. Add columns (b), (d), and (e)		().	612,996.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	612,996	
(See worksheet in line 13 instructions to verify calculations.)					

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

e 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).

Form 99			BUTLER FO				<u>31-098</u>			ige_ 13
Part	XVII			nsfers To	and Transactions a	ind Relation	ships With Noncha	ritable	Э	
		Exempt Orgai						1	Vaa	NI
					ng with any other organization		ction 501(c) of		Yes	No
					27, relating to political organ	izations?				ĺ
		from the reporting found	bation to a nonchari	nable exempt or	ganization of:			4.44		v
•) Cash	assets						1a(1)	<u> </u>	X
	•	isactions:						1a(2)		X
		s of assets to a noncharit	rable exempt organiz	zation				1b(1)		х
,	,	hases of assets from a no	, ,					1b(1)		X
•	•	al of facilities, equipment	•	r or garnzanon				1b(3)		X
•	•	bursement arrangement	•					1b(4)		X
•	•	s or loan guarantees						1b(5)		х
(6	, Perfo	rmance of services or m	embership or fundr	aising solicitatio	ons			1b(6)		X
c St	arıng o	f facilities, equipment, m	ailing lists, other as:	sets, or paid em	ıployees			10		X
					edule. Column (b) should alv				sets,	
					ed less than fair market valu	ie in any transactio	on or sharing arrangement, :	show in		
		1) the value of the goods,	·			- T				
(a) Line i	no	(b) Amount involved	(c) Name		e exempt organization	(d) Description	on of transfers, transactions, and	sharing ar	rangeme	nts
				N/A		-				
	-		 			 				
	-		+					 -		
	_	· · · · · · · · · · · · · · · · · · ·	 		11-11					
	_									
•			-							
					-					
										
								_		
						_				
			 							
0 la			ath, affiliated with a							
		501(c) of the Code (other	•		or more tax-exempt organization 5272	zations described	Г	Yes	v	No
		omplete the following sch		o/(o/) or in seci	11011 327 :		L		L 43 .	טווו כ
	100, 00	(a) Name of or			(b) Type of organization		(c) Description of relations	hip		
		N/A			,,,,,					
		/	<u>/</u>							
٠.	1	penalties of perjury 1 eclare	that I have examined the things of recognition of r	this return, including preparer (other that	ng accompanying schedules and in n taxpayer) is based on all inform	statements, and to the ation of which prepare	Ma	y the IRS	discuss t	his
Sign Here	\ \ '	1 hrs	$C_1 \subset \Sigma$		12-8-110	.		irn with th	(see inst	ar)?
11616		nature of officer or truster	Van	Υ	19 0 W		120161	X Yes		_ No
	Sigi	Print/Type preparer's n		Preparer's e	Date Hanature	Title Date	Check If PTIN			
		THOMAS M.		1 Topaloi 30		/ /	self- employed			
Paid		CPA	COONEI,	1 9	166	コカル	· ·	0940	292	
Prep	arer	Firm's name ► MOU	INTIOV CH	TI.TON M	EDLEY LALE	7///	Firm's EIN ▶ 27-1			
Use		Tam S name P 1200	,1,1001 CII.		611		Timount P 21 I		J J	

Phone no. (513) 898-8800 Form **990-PF** (2014)

Firm's address ► 3536 EDWARDS ROAD, SUITE 201 CINCINNATI, OH 45208

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

Department of the Treasury Internal Revenue Service

▶ 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.lrs.gov/form990.

Schedule of Contributors

OMB No 1545-0047

2014

Name of the organization

Employer identification number

	TH	BUTLER FOUNDATION	31-0981683				
Organiza	ation type (check or):					
Filers of:		Section:					
Form 990	or 990-EZ	501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as	a private foundation				
		527 political organization					
Form 990)-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation				
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the Ge	eneral Rule and a Special Rule. See instructions.				
General I	Rule						
		iling Form 990, 990-EZ, or 990-PF that received, during the ne contributor. Complete Parts I and II See instructions for					
Special F	Rules						
:	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), 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						
but it mu	ıst answer "No" on	t is not covered by the General Rule and/or the Special Ri art IV, line 2, of its Form 990; or check the box on line H o ne filing requirements of Schedule B (Form 990, 990-EZ, o					

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)

-Name of organization

Employer identification number

THE BUTLER FOUNDATION

31-0981683

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH HOTELS, P.O. BOX 75020 CINCINNATI, OH 45275	\$26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CORPOREX COMPANIES, LLC P.O. BOX 75020 CINCINNATI, OH 45275	\$ 270,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CORPOREX MGMT & LEASING P.O. BOX 75020 CINCINNATI, OH 45275	\$ 6,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CORPOREX DEVELOPMENT & CONSTRUCTION MANAGEMENT, LLC P.O. BOX 75020 CINCINNATI, OH 45275	\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FIVE SEASONS COUNTRY CLUBS, LLC P.O. BOX 75020 CINCINNATI, OH 45275	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BUTLER FOUNDATION

31-0981683

	cash Property (see instructions). Use duplicate copies of I	-aπ 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
-art i			-
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	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
			. <u> </u>
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of org	anization		Employer identification number
THE BU	the year from any one contributor. Complete	columns (a) through (e) and the follow	31-0981683 n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or l	ess for the year (Enter this info once) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Dalationakin of transferred to Arrandon
	Transferee 3 frame, address, al		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, ar	nd 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
	-7744		
		(e) Transfer of gift	I
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

THE BUTLER FOUNDATION

3 Grants and Contributions Paid During the	Year (Continuation)			
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		
RIGHTON CENTER	NONE	501(C)(3)	PROGRAM SUPPORT	
EWPORT, KY		<u> </u>	<u> </u>	5,59
ARE NET PREGNANACY SERVICES OF N. KY	NONE	501(C)(3)	OPERATING SUPPORT	
LORENCE, KY				3,00
ASA OF KENTON COUNTY	NONE	501(C)(3)	OPERATING SUPPORT	
OVINGTON, KY		 		10,00
NATHOLIC CHARITIES, INC.	NONE	501(C)(3)	OPERATING SUPPORT & PROGRAM SUPPORT	
OVINGTON, KY				12,20
ENTER FOR INDEP LIVING OPTIONS	NONE	501(C)(3)	PROGRAM SUPPORT	
OVINGTON, KY		· 		2,05
HILDREN'S HOME OF NORTHERN KENTUCKY	NONE	501(C)(3)	OPERATING SUPPORT	
OVINGTON, KY	 		-	2,50
INCINNATI WORKS	NONE	501(C)(3)	PROGRAM SUPPORT	
INCINNATI, OH	ļ			10,00
OVINGTON CATHOLIC HIGH SCHOOL	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
OVINGTON KY				50,00
OVINGTON INDEPENDENT SCHOOLS	NONE	501(C)(3)	PROGRAM SUPPORT	
OVINGTON, KY	-	-		5,82
OVINGTON LADIES HOME	NONE	501(C)(3)	OPERATING SUPPORT	
OVINGTON, KY	<u> </u>	<u> </u>		2,50

THE BUTLER FOUNDATION

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home as humans)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
COVINGTON PARTNERS IN PREVENTION	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON, KY		-		7,500.
DIOCESAN CATHOLIC CHILDRENS HOME	NONE	501(C)(3)	PROGRAM SUPPORT	
FT, MITCHELL, KY				5,000.
ECHO/HOSEA HOUSE	NONE	501(C)(3)	OPERATING SUPPORT & PROGRAM SUPPORT	
NEWPORT, KY			 	4,349,
FAITH COMMUNITY PHARMACY	NONE	501(C)(3)	OPERATING SUPPORT	
FLORENCE, KY				1,000,
FAMILY NURTURING CENTER	NONE	501(C)(3)	PROGRAM SUPPORT	
FLORENCE, KY				10,000.
GATEWAY COMMUNITY COLLEGE	NONE	501(C)(3)	SCHOLARSHIP SUPPORT & PROGRAM SUPPORT	
COVINGTON, KY			+	50,680.
HOLY CROSS HIGH SCHOOL	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
COVINGTON, KY				25,000,
IGNATIAN SPIRITUALITY PROJECT	NONE	501(C)(3)	PROGRAM SUPPORT	
CHICAGO, IL				2,500.
JOSH CARES	NONE	501(C)(3)	PROGRAM SUPPORT	
CINCINNATI OH				5,000.
LEGAL AID OF THE BLUEGRASS	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON, KY Total from continuation sheets				1,475.
iotai noin continuation sineers				

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
LIFE LEARNING CENTER, INC.	NONE	501(C)(3)	OPERATING SUPPORT	
COVINGTON, KY				50,000
MARIN PRIMARY & MIDDLE SCHOOL	NONE	501(C)(3)	PROGRAM SUPPORT	
LARKSPUR CA				10,000
MASTER PROVISIONS	NONE	501(C)(3)	OPERATING SUPPORT	
PLORENCE, KY		1		10,000
MENTAL HEALTH AMERICA OF NORTHERN	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON, KY				2,225
MENTORING PLUS	NONE	501(C)(3)	PROGRAM SUPPORT	
IEWPORT, KY		-		5,000
NEWPORT CENTRAL CATH HIGH SCHOOL	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
IEWPORT, KY	-			50,000
IO, KENTUCKY HARVEST	NONE	501(C)(3)	PROGRAM SUPPORT	
COLD SPRING, KY		501(0)(3)	TROGRAM SUPPORT	3,000
O. KY COMMUNITY ACTION COMMITTEE	NONE	501(C)(3)	PROGRAM SUPPORT	3_079
OVINGION, NI				
ORTH KEY COMMUNITY CARE	NONE	501(C)(3)	PROGRAM SUPPORT	
T, THOMAS, KY				10,514
ORTHERN KENTUCKY HEALTH DEPARTMENT	NONE	501(C)(3)	PROGRAM SUPPORT	
DGEWOOD KY				391

THE BUTLER FOUNDATION
Supplementary Information

Part-XV Supplementary Information				
. 3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
NORTHERN KENTUCKY UNIVERSITY FOUNDATION	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
HIGHLAND HEIGHTS, KY				25,000.
NOTRE DAME ACADEMY	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
COVINGTON, KY		 -		25,000,
NOTRE DAME URBAN EDUCATION CENTER COVINGTON, KY	NONE	501(C)(3)	OPERATING SUPPORT	15.000.
covincion, ni				15,000.
OASIS	NONE	501(C)(3)	OPERATING SUPPORT	
COVINGTON, KY		ļ		2,000.
PARISH KITCHEN COVINGTON, KY	NONE	501(C)(3)	OPERATING SUPPORT	1,000,
covinción, ni				1,000.
PHILANTHROPY ROUNDTABLE	NONE	501(C)(3)	OPERATING SUPPORT	
WASHINGTON, DC		-		5,000,
ROSE GARDEN HOME MISSION	NONE	501(C)(3)	OPERATING SUPPORT	
COVINGTON, KY		 		7,500,
SENIOR SERVICES OF NO KY	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON, KY				9,483,
SHOULDER TO SHOULDER, INC.	NONE	501(C)(3)	PROGRAM SUPPORT	2,500,
-				
SOCIETY OF ST. VINCENT DE PAUL	NONE	501(C)(3)	PROGRAM SUPPORT & OPERATING SUPPORT	46.634
CRESCENT SPRINGS, KY Total from continuation sheets			 	16,631,
Total from continuation sheets				

THE BUTLER FOUNDATION

Part XV Supplementary Informat 3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
ST. AUGUSTINE PARISH OUTREACH	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON KY				19,984
ST. BERNARD FOOD PANTRY	NONE	501(C)(3)	OPERATING SUPPORT	
ST. BERNARD, OH				1,000
ST. CHARLES CARE CENTER	NONE	501(C)(3)	OPERATING SUPPORT	
COVINGTON, KY				3,000
ST. ELIZABETH HEALTHCARE	NONE	501(C)(3)	PROGRAM SUPPORT	
COVINGTON, KY				8,736
THOMAS MORE COLLEGE	NONE	501(C)(3)	SCHOLARSHIP SUPPORT	
CRESTVIEW HILLS, KY				25,000
UNITED CHRISTIAN VOLUNTEERS	NONE	501(C)(3)	PROGRAM SUPPORT	
ELSMERE, KY				1,650
UNITED MINISTRIES	NONE	501(C)(3)	PROGRAM SUPPORT	
ERLANGER, KY				5,762
INTUEDOLMY OF GINGINDIAMI MEDICAL	NONE	E01/G)/2)	DDOCDAM GUYDDODG	
UNIVERSITY OF CINCINNATI MEDICAL CENTER	NONE	501(C)(3)	PROGRAM SUPPORT	
CINCINNATI, OH				678
WELCOME HOUSE	NONE	501(C)(3)	OPERATING SUPPORT	
COVINGTON, KY				9,738
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVII	NGS AND TE	EMPORA	ARY C	ASH	IN.	/ESTMENTS	ST	'ATEMENT	1
SOURCE		REV	(A) JENUE BOOKS			IN.	(B) VESTMENT COME		(C) ADJUSTED ET INCOME	i.
US BANK			12. 12.							
TOTAL TO PART I, LI	NE 3		1	12.		===	12.			_
FORM 990-PF	DIVIDENDS	S AND INTE	EREST	FROM	SEC	URI	TIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	3	•	A) ENUE BOOK		(B) NET INVES			
CHARLES SCHWAB	52,772	•	0.	5	2,77	2.	52,77	2.		
TO PART I, LINE 4	52,772	•	0.	5	2,77	2.	52,77	2.		=
FORM 990-PF		OTHER	INCOM	Œ				ST	ATEMENT	3
DESCRIPTION			REV	A) ENUE BOOK			(B) ET INVEST- ENT INCOME		(C) ADJUSTED NET INCOM	
SECURITY LITIGATION	SETTLEMENT	 ני			559.	. <u></u>	559	•		
TOTAL TO FORM 990-P	F, PART I,	LINE 11			559.	=	559	 - = =		
ORM 990-PF		ACCOUNT	ING F	EES				ST	ATEMENT	4
)ESCRIPTION		(A) EXPENSES PER BOOKS		(B) INV IT IN			(C) ADJUSTED NET INCOM		(D) CHARITAB PURPOSE	
CCOUNTING FEES		405	5.		0	•			40	5.
O FORM 990-PF, PG	1, LN 16B	405			0		· 		40	5.

FORM 990-PF	TAX	ES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		ABLE	
TAXES	18,803.	18,	803.			0.	
	18,803.	18,	803.			0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		ABLE	
MISCELLANEOUS ADMINISTRATIVE INVESTMENT FEES FEES ON CHECKING	5,793. 8,643. 35.	0. 8,643. 0.			5,	793. 0. 35.	
FO FORM 990-PF, PG 1, LN 23	14,471.	8,	643.		5,	828.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7	
DESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET	
CHARLES SCHWABB			2	2,966,430.	3,029,	592.	
'OTAL TO FORM 990-PF, PART II	, LINE 10B		2	2,966,430.	3,029,	592.	
ORM 990-PF	CORPORAT	E BONDS			STATEMENT	8	
ESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET	
HARLES SCHWABB HARLES SCHWABB				407,276. 304,073.	469, 270,	378. 970.	
OTAL TO FORM 990-PF, PART II	, LINE 10C			711,349.	740,	348.	

			_	
FORM 990-PF EXPLANATION (CONCERNING PART VII-A,	LINE 8B	STAT	EMENT 9
EXPLANATION				
THIS FORM IS NOT REQUIRED TO	BE FILED IN OHIO.			
	- LIST OF OFFICERS, DES AND FOUNDATION MANAGE		STATI	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
WILLIAM P BUTLER P.O. BOX 75020 CINCINNATI, OH 45275	TRUSTEE 1.00	0.	0.	0.
MARY S BUTLER P.O. BOX 75020 CINCINNATI, OH 45275	TRUSTEE 2.00	0.	0.	0.
CHRISTA BUTLER P.O. BOX 75020 CINCINNATI, OH 45275	TRUSTEE 0.00	0.	0.	0.
KEVIN BUTLER 2.0. BOX 75020 CINCINNATI, OH 45275	TRUSTEE 0.00	0.	0.	0.
ARTY BUTLER O. BOX 75020 INCINNATI, OH 45275	TRUSTEE 1.00	0.	0.	0.
'OM BANTA '.O. BOX 75020 !INCINNATI, OH 45275	TRUSTEE 1.00	0.	0.	0.
ARBARA SCHAEFER '.O. BOX 75020 'INCINNATI, OH 45275	TRUSTEE 20.00	0.	0.	0.

OTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

0.

0.

ORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

AME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

O BARBARA SCHAEFER .O. BOX 75020 INCINNATI, OH 45275

ELEPHONE NUMBER

859-292-5500

ORM AND CONTENT OF APPLICATIONS

LETTER INDICATING REQUEST, TAX I.D. NUMBER, IRS LETTER CONFIRMING AX-EXEMPT STATUS, AND RECENT FINANCIAL STATEMENTS.

NY SUBMISSION DEADLINES

CTOBER 1, AND MARCH 1

ESTRICTIONS AND LIMITATIONS ON AWARDS

ORTHERN KENTUCKY AREA, FOR THE UNDERPRIVILEGED.