| 2018 |
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| APR |
| SCANNED |

Form 990-PF

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.

| | | m 990-PF and its separate | | | Open to Public Inspection |
|---|--|--|--|--|--|
| For cale | ndar year 2016 or tax year beginning OCT | 1, 2016 | , and ending | SEP 30, 2017 | |
| Name o | f foundation | | | A Employer identification | number |
| | | | | | |
| | BUTLER FOUNDATION | | | 31-0981683 | |
| | and street (or P.O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| P.0 | BOX 75020 | | | 859-292-55 | 34 |
| | own, state or province, country, and ZIP or foreign p | ostal code | | C if exemption application is pe | anding, check here |
| CIN | CINNATI, OH 45275 | | | | |
| G Check | k all that apply: Initial return | Initial return of a fo | ormer public charity | D 1. Foreign organizations | , check here |
| | Final return | Amended return | | | |
| | Address change | Name change | - Δ | Foreign organizations med check here and attach col | mputation |
| H Check | k type of organization: X Section 501(c)(3) ex | empt private foundation | f) U | E If private foundation stat | us was terminated |
| | ection 4947(a)(1) nonexempt charitable trust | Other taxable private found: | ation | under section 507(b)(1) | |
| Fair m | arket value of all assets at end of year J Accounti | ng method: X Cash | Accrual | F If the foundation is in a 6 | 60-month termination |
| (from | Part II, col. (c), line 16) | her (specify) | | under section 507(b)(1) | |
| > \$ | 11,374,679. (Part I, colu | mn (d) must be on cash | basis.) | , | |
| Part | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts on column (a).) | expenses per books | income | income | for charitable purposes (cash basis only) |
| | Contributions, gifts, grants, etc., received | 5,439,720. | "治理學院是不管 | N/A 分数域 | 學是個體體別心。 |
| 2 | Check it the toundation is not required to attach Sch. B | 1.1539. Propagation | DESIGNATION OF THE PROPERTY OF | 运出的证明 | AT SHEET WAS A SHEET WAS A |
| 3 | Interest on savings and temporary cash investments | 3,142. | 3,142. | | STATEMENT 1. |
| 4 | Dividends and interest from securities | 184,879. | 184,879. | | STATEMENT 2 |
| 5a | Gross rents | | | | Walles Continued |
| t | Net rental income or (loss) | 14.7 | 2 . St. 1 2 5 5 5 Tak | 落 起傷 医张克克 | 多层的不够是描述。否定 |
| 68 | Net gain or (loss) from sale of assets not on line 10 | 164,731. | San Allendaria | TERROR LONG | TENER THE STATE OF |
| - 15 | Gross sales price for all 1,142,876. | | 77 1 1672150 1545 | 多。多点是是 是是 | 是全国的人的国际 |
| Revenue 7 | | - 17 The said state of the said | 164,731. | | A SALVANCE CONT. |
| · 8 | Net short-term capital gain | 是15、现代为现金。 | 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | | BRANKE M. |
| 9 | Income modifications | 3 14 0 4 4 4 1 4 5 4 5 4 5 4 5 4 5 6 5 6 6 6 6 6 6 6 6 | 美国工作等 | | A Little Line of the Control of the |
| 108 | Gross sales less returns | 53. 42.73.73.73 | "产品等的基础的" | I Land Burg. | (美名) |
| ا | Less Cost of goods sold | 71 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 新安全的 (B) 一次有效。 | | FE THE STATE OF TH |
| - 1- | Gross profit or (loss) | | 2011年7月2日 2011年7月2日 | | Z. SERVAL SARRY |
| 111 | Other income | | | | 基金的基础的基础 |
| 12 | Total. Add lines 1 through 11 | 5,792,472. | 352,752. | | 位是74-00 24 M (图) |
| 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| 14 | Other employee salaries and wages | | | | |
| 15 | Pension plans, employee benefits | | | | |
| | | | | | |
| 21 | Accounting | | | | |
| Ř, | Other Potessional fees | · · · · · · · · · · · · · · · · · · · | | | |
| ш | Interest FEB 2 1 ZUIS P | 2. | 2. | | 0. |
| ig 18 | Taxes STMT | -3,281. | -3,281 | | 0. |
| Operating and Administrative 12 5 5 2 5 3 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | 3,231. | | The said of the said of the said. |
| E 20 | Depreciation and depretion Occupancy | | | | THE REAL PROPERTY AND |
| F 21 | Travel, conferences, and meetings | | | | |
| P 22 | Printing and publications | | | | |
| E 23 | Other expenses STMT 4 | 158,266. | 24,715. | | 133,551. |
| # 24 | Total operating and administrative | 100,200. | <u> </u> | | 100,001. |
| e a | expenses. Add lines 13 through 23 | 154,987. | 21,436. | 1 | 133,551. |
| 8 ,, | Contributions, gifts, grants paid | 885,652. | 21,450 | 1 (2 m / 2 m | 885,652. |
| 26 | | 003,0321 | 12-13 4 ES-F 1250 M | 1 1 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 000,002. |
| 20 | Add lines 24 and 25 | 1,040,639. | 21,436. | 1 | 1,019,203. |
| | · · · · · · · · · · · · · · · · · · · | 1,020,033. | 21,430 | | 1,013,403. |
| 27 | | 4,751,833. | : _{I,} | | |
| | Excess of revenue over expenses and disbursements | | 331,316. | | ति । विशेष्ट्राक्षात्रः जनसङ्ख्या |
| - 1 | Net investment income (if negative, enter -0-) | - 10 1-50 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 331,310 | N/A | 是人的學典學 |
| | Adjusted net income (if negative, enter -0-) | a and instructions | L | IN/A | 5 000 DE (0046) |
| 623501 1 | 1-23-16 LHA For Paperwork Reduction Act Notic | e, see instructions. | | | Form 990-PF (2016) |

| Part II Balance Sheets Attached schedules and amounts in the description | | Balance Sheets Atlacted schedules and amounts in the description | Beginning of year | End o | f year |
|--|--------|--|--|-------------------------------------|--|
| .156 | ar (« | Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ٦ | 1 | Cash - non-interest-bearing | 48,188. | 78,409. | 78,409. |
| ļ | 2 | Savings and temporary cash investments | 52,090. | 270,353. | 270,353. |
| | 3 | Accounts receivable ▶ | された という かん | 1.500 1000 1000 1000 | |
| ١ | | Less; allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ▶ | Walter & Land and | Seat the table to the seat of the | Later to Backet Heate 13 |
| ١ | | Less: allowance for doubtful accounts | , , , , , , , , , , , , , , , , , , , | | |
| Í | 5 | Grants receivable | | | |
| ļ | | Receivables due from officers, directors, trustees, and other | | | |
| | - | disqualified persons | | | |
| | 7 | Other notes and loans receivable | 5. 安存的最后的 1987 1987 1987 1987 1987 1987 1987 1987 | March 1955年1950年 | 表的の基準を必然で |
| | • | Less: allowance for doubtful accounts | 4 - 3 - 1 - 13 - 12 - 12 - 12 - 12 - 12 - | 4 April 2147 5 Wester | 1 - 7 |
| , | 8 | Inventories for sale or use | | <u> </u> | |
| Assets | | Prepaid expenses and deferred charges | | | |
| Ž | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock STMT 5 | 2,872,929. | 7,480,929. | 8,586,015. |
| ļ | | Investments - corporate bonds STMT 6 | 2,317,919. | 2,113,268. | 2,339,902. |
| | | | 更多。1986年11月20日 11月1日 - | | |
| | '' | trivestments - land, buddings, and equipment. basis | A STANFORM OF WARRY | 4 1 2 12 12 12 12 13 13 13 15 15 15 | SEMENTIAL PROPERTY OF THE PARTY |
| | 10 | Less accomulated depredation | | | |
| | | Investments - other | | | |
| | | Land, buildings, and equipment basis | 2 C 200 C 700 C 100 C 10 | Sandaria Sandaria | 3.12.15.10.15.13.15.13.15.15.15.15.15.15.15.15.15.15.15.15.15. |
| | 14 | | 是一种的工作。这些一种也是一种的。 | m. E. 5 2261 - 21707 - 183 | Abbrill Eustral Massage and |
| | 46 | Less accumulated deprecation Other assets (describe ► STATEMENT 7) | 0. | 100,000. | 100,000. |
| | | | | 100,000 | 100,000. |
| | 16 | Total assets (to be completed by all filers - see the | 5,291,126. | 10,042,959. | 11,374,679. |
| | 47 | instructions. Also, see page 1, item I) | 3,231,120. | 10,042,232. | 11,574,075. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | <u> </u> | | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Liabilities | 19 | Deferred revenue | | | |
| 粪 | 20 | Loans from officers, directors, trustees, and other disqualfied persons | | | CAN THE STATE OF T |
| 룓 | 21 | Mortgages and other notes payable | | | 1. 1970年8. 897 |
| _ | 22 | Other liabilities (describe) | | | The Problem without at 1 |
| | | | | 0 | |
| <u>-</u> | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | The second second |
| | l | Foundations that follow SFAS 117, check here | | | |
| w | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| õ | 24 | Unrestricted | | <u> </u> | |
| Balances | 25 | Temporarily restricted , | | | The state of the s |
| | 26 | Permanently restricted | | | |
| Ę | ĺ | Foundations that do not follow SFAS 117, check here | | | |
| r Fu | ı | and complete lines 27 through 31. | | _ | |
| So | 27 | Capital stock, trust principal, or current funds | 0. | 0. | 了。"我们是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一 |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0 . | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | 5,291,126. | 10,042,959 | |
| ž | 30 | Total net assets or fund balances | 5,291,126. | 10,042,959 | 一个人的人们的人们的人们们们 |
| | | | | | 以1000年中央主义的 |
| | 31 | Total liabilities and net assets/fund balances | 5,291,126. | 10,042,959 | · 成份的 "信息" |
| <u></u> | مند | III. Analysis of Changes in Net Assets or Fund E | Balances | | |
| Щ | ar t | III | | | |
| 1 | Tota | al net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | 1 |
| | • | st agree with end-of-year figure reported on prior year's return) | | | |
| 2 | Ente | er amount from Part I, line 27a | | 2 | 4,751,833. |
| 3 | Othe | er Increases not included in line 2 (itemize) | | 3 | |
| 4 | Add | lines 1, 2, and 3 | | 4 | 10,042,959. |
| 5 | Dec | reases not included in line 2 (itemize) | | | |
| 6 | Tota | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, o | column (b), line 30 | . 6 | 10,042,959. |
| _ | | | | | Form 990-PF (2016) |

Form 990-PF (2016)

31-0981683

Page 2

1,352,195.

1,119,203.

7

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

| Form 990-PF (2016) THE BUTLER FOUNDATION [Part VI] Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | | 098168 | | |
|--|-------------|--|--|---------------------------------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1. | 1940 | - 300 1131 | , actions, | <u>'</u> |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | امل ا | w | د د د | - |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | 6,626 | б. |
| of Part I, line 27b | 33. | 200 00 | 19.23 : 10.7 | - 1 |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | 1 | 100 127 191 191 1 100 127 191 191 191 1 | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | 1-3-3 1 2 4 747 | · · · · · · · · · · · · · · · · · · · | Ò. |
| 8 Add lines 1 and 2 | 3 | | 6,626 | 6. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | . | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 6,626 | 6. |
| 6 Credits/Payments: | 172.5 | Car Page | (54, 19 ¹ , 19 ¹ | 2. |
| a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 2,000 | · [?] : | 1 | | |
| b Exempt foreign organizations - tax withheld at source | | | 10/8 | 300 |
| c Tax paid with application for extension of time to file (Form 8868) | | 1 3, 5 , 61 | | r ş |
| d Backup withholding erroneously withheld | | l s | ا از | ,• |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 1 | 2,000 | 0. |
| 8 Enter any penalty for underpayment of estimated tax, Check here X If Form 2220 is attached | 8 | | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | - 9 | | 4,620 | 6. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | |
| 11 Enter the amount of line 10 to be; Credited to 2017 estimated tax | ► 11 | | | |
| Part VII-A: Statements Regarding Activities | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv | ene in | EL | | |
| any political campaign? | | . 10 | | <u>x_</u> |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defini | юл)? | 11 | | <u>X</u> _ |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public | lished o | r (7) | K 7. 3. | <i>:</i> |
| distributed by the foundation in connection with the activities | | سهاد | 3 militar | <u> </u> |
| c Did the foundation file Form 1120-POL for this year? | | 10 | | <u>X</u> |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | _ | | | أ ي أنس |
| | <u>) .</u> | $ \left\{ 2\right\}$ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | 35 | | Ē, |
| managers. ► \$ 0. | | 1 2 | 4 - 1 4 | .* |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | • | 2 | Com restant to at | <u>X</u> |
| 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 | n, or | F. 1 | 类 新疆 | V |
| bylaws, or other-similar instruments? If "Yes," attach a conformed copy of the changes, | | · · · · _3 | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | , . | N/A 4 | | <u> </u> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A 4 | | <u>x</u> |
| Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | | <u> </u> | | 22 2 - 1 |
| and the second s | | , , , , , , , , , , , , , , , , , , , | | in ally The second |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or | | [F,] | in the first | 51 |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the | بيروا مدود | 1.4 | | S. Mark |
| remain in the governing instrument? | itate law | 1.5 | 6 X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Par | · xv | | | _ |
| T bid the foundation have at least \$5,000 in assets at any unit outling the year in Tes, complete Fart in, cor (c), and i as | | 2 | 7. \ 7" : A | 1 40 |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | 13 | 经数据 | ž., |
| OH | | [ji. | 1911 | 73 - 3 7 - 3 |
| 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) | | (_{1.5} | 34 July 15 | _a ~1 |
| of each state as required by General Instruction G? If *No,* attach explanation SEE STAT | EMRN | т 8 Га | 3b | X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for | • | - 1 1 - | 1 C 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | - 2.0.1001 | | 9 | X , |
| 10 Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses | STM | | 10 X | |
| | | | 990-PF (2 | (016) |

| | 83 | | Page |
|---|---------------------------------------|----------------------------|-----------|
| Part VII-A Statements Regarding Activities (continued) | | | |
| | | Yes | No |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | | | 37 |
| If "Yes," attach statement (see instructions) | 12 | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| Website address > N/A | | | |
| 14 The books are in care of ► MS. BARBARA SCHAEFER Telephone no. ►859-292 | -5 | 534 | • |
| Located at ▶PO BOX 75020, CINCINNATI, OH ZIP+4 ▶452 | 75 | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | _ | \Box |
| and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | | 162 | |
| securities, or other financial account in a foreign country? | 16 | | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | 177.0 | 5 |
| foreign country | ity-age. | 16 160 | <i>)</i> |
| 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. | 1 | Yes | No |
| 1a During the year did the foundation (either directly or indirectly): | 4 3 mg | ⊃ _o ty.• | 1 . |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | 1 | 73.J |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1 | (1) (2) (1) (2) (3) (4) | ***** |
| | , E. | \$ E. | |
| a disqualified person? | 9734 3 | 3 4 A | 213 |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | الريائي | البعثية | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No | , ,,- | 17. | · . |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | ٠., | N 3 | |
| for the benefit or use of a disqualified person)? Yes X No | | , | |
| (6) Agree to pay money or property to a government official? (Exception, Check "No" | مر با م ار | , mg \ 27 | » ' |
| if the foundation agreed to make a grant to or to employ the official for a period after | ز. ز.، تو ^د | in the second | , |
| | 4 5 | الدر أيزا | ξ. |
| | Ç. | 15 20. | 1 |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | <u>.</u> . , , | | : |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | X |
| Organizations relying on a current notice regarding disaster assistance check here | , , , , , , , , , , , , , , , , , , , | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | 3.2 | <u>`</u> |
| before the first day of the tax year beginning in 2016? | 1c | | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation - | ÷ 24. 3 | 275.33 | · |
| defined in section 4942(j)(3) or 4942(j)(5)): | - | م سوي دو در ديد | - Tark 12 |
| | 1 | 小部 | |
| a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | يدا لله م | 17. | |
| before 2016? Yes 🗶 No | , (£) | :5";" <u>"</u> | 4, |
| If "Yes," list the years $lacktriangleq$ |) 45. (a) (a) | 4.11.12 | 14 m |
| 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 | | 20.1 | '`` |
| statement - see instructions.) N/A | 2b | 1 | ١., |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | -77 T | THE STATE OF | - |
| - 1. 1 1 1 1 1 1 1 | | 7 | |
| On Did the foundation hold more than a ON direct or industry interest in a control of the foundation hold more than a ON direct or industry interest. | , , | 16- |] - |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | ئۆرىيە ئۆرىيە | 直弹 | , ž |
| during the year? | | | r2. |
| b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after | , , , | 1 325 | L |
| 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 | | L 1951 | 1 2 |

48

N/A

of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding penod? (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 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

| Form 990-PF (2016) THE BUTLER FOUNDATION | | | 31-098168 | 3 Page 6 |
|--|---|-------------------|--|----------------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (continu | ied) | |
| 5a During the year did the foundation pay or incur any amount to: | | | [] } | (2) N 34 1 1 1 1 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | s 🗶 No 🙀 | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indire | | | |
| any voter registration drive? | | | s 🛣 No 🥇 | 第5数* 。 |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | ? | Ye | s 🗶 No 🔣 | 各位的任子 |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 4945(d)(4)(A)? (see instructions) | | ☐ Ye | s 🗶 No 🎏 | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | 2 T | 対談性で |
| the prevention of cruelty to children or animals? | | | s X No | 型 學到美人 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | ler the exceptions described i | n Regulations | 10 SE | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | _ | N/A 5 | 1 |
| Organizations relying on a current notice regarding disaster assistance check h | еге | • | ▶ □ §5 | M STEP TO |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | ined | | 調整は大型 |
| expenditure responsibility for the grant? | | [/A 🔲 Ye | s No | Single Single |
| If "Yes," attach the statement required by Regulations section 53.494 | - | | · . | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | • • | | 3 | |
| • | ay premiums on | □ v _e | s X No | |
| a personal benefit contract? | | | * LAL WU | b X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contracts , | | | Cortes and Cortes |
| If "Yes" to 6b, file Form 8870 | | | es 🛣 No 🛴 | |
| 7s At any time during the tax year, was the foundation a party to a prohibited tax s | | L Y6 | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | <u>N/A</u> 7 | <u> </u> |
| Part VIII | ees, Foundation Ma | inagers, Highly | / | |
| Paid Employees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contribute on to | (-) Evnance |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| | to position | enter-0-) | compensation | allowances |
| | | | l i | |
| · | | | | |
| SEE STATEMENT 10 | | 0. | 0. | 0. |
| | | | | |
| | | [| [| |
| | | | | |
| | | | | |
| |] — | | 1 - 1 | |
| | | 1 | | |
| | | | 1 | |
| | | | | |
| | 1 | | | |
| 2 Compensation of five highest-paid employees (other than those inc | cluded 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 devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (c) Compensation | and deferred compensation | allowances |
| NONE | | | | |
| | 1 | ì | 1 | |
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| | i | | | |
| | | | <u> </u> | |
| | ſ | | | |
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| | 1 | ł | | |
| | | | | |
| | 4 | İ | | |
| | <u> </u> | <u></u> | <u> </u> | 0 |
| Total number of other employees paid over \$50,000 | | <u></u> | <u> </u> | <u>-</u> <u>-</u> |
| | | | Form | 990-PF (2016) |

| Orm 990-PF (2016) THE BUTLER FOUNDATION | | 31-0381 | 683 Page 7 |
|--|--|---------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | | ghly | |
| 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 o | f service | (c) Compensation |
| CORPOREX REALTY & INVESTMENT | | | |
| P.O. BOX 75020, CINCINNATI, OH 45275 | MANAGEMENT | SERVICES | 131,250. |
| | | | |
| | | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | . > | 0 |
| Part IX-A Summary of Direct Charitable Activities | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc | tical information such as th luced, etc. | e | Expenses |
| N/A | | | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2 | | Amount |
| 1 | tino rano E. | | Zullopin |
| <u></u> | | | |
| | · · · · | | |
| 2 | | | |
| | | | |
| | <u></u> | | |
| All other program-related investments. See instructions. | | | |
| NON-REVOLVING LINE OF CREDIT TO LIFE LEARNIN | G CENTER | | |
| | | | |
| | | | |
| | · - · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | 100,000. |
| Fetal Add Ings 1 through 2 | | | 100.000 |

| P | Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations | s, see instructions.) |
|---------|---|------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | 1 mg/m () | |
| a | Average monthly fair market value of securities | 1a | 9,998,082. |
| b | Average of monthly cash balances | 1b | 94,359. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 10,092,441. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | 1.5.3 | |
| | 1c (attach detailed explanation) 1e 0. | 13.5 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 10,092,441. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 151,387. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 9,941,054. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 497,053. |
| F | Part'XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.) | nd certaii | n |
| 1 | Minimum Investment return from Part X, line 6 | 1 | 497,053. |
| 28 | Tax on investment income for 2016 from Part VI, line 5 2a 6,626. | 4, 7, | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 6,626. |
| 3 | Distributable amount before adjustments, Subtract line 2c from line 1 | 3 | 490,427. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 490,427. |
| 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 | 490,427. |
| <u></u> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 1.61 | |
| ٠. | | 18 | 1 019 203. |
| ŧ | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1b | 1,019,203. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 100,000. |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 35 PE | |
| | Sultability test (prior IRS approval required) | 3a | |
| | | 3b | - 1 |
| _ 4 | Cash distribution test (attach the required schedule) | 4 | 1,119,203. |
| - 4 | - Qualifying distributions: Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | | |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | 5 | n |
| 6 | income. Enter 1% of Part I, line 27b | 6 | 1,119,203. |
| U | Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | | |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (¢) 2015 | (d) 2016 |
|--|--|--|--|---|
| 1 Distributable amount for 2016 from Part XI, | 中华安村 | भारता प्रमुखान । साम्याः भारता प्रमुखान । साम्याः | Propries and and their | 2010 |
| line 7 | 140 Van | "我们们"。 (1) 1 | 是是我们的 | 490,427. |
| 2 Undistributed income, if any, as of the end of 2016 | THE SHAPE TO SHAPE | | | 200, 227. |
| a Enter amount for 2015 only | 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | | 0. | |
| b Total for prior years: | 新生产的数据。1966年1 | -7: | · 中央の 大大大学 大大学 大大学 大大学 大大学 大大学 大大学 大大学 大大学 大 | THE THIRTY OF THE WAY TO A THE |
| | 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | ٥. | | |
| 3 Excess distributions carryover, if any, to 2016: | e | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | And There | · 不是 有意 · 是 · 一 |
| aFrom 2011 392,219. | · 一种 · · · · · · · · · · · · · · · · · · | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Sales of the sales |
| bFrom 2012 263,630. | | | 4.34.65 | A THE LEWIS CONTRACTOR |
| © From 2013 336,808. | | | | |
| dFrom 2014 394,213. | Trade Sance of the August Augu | | | 2.7 18 (No. 1807 - 51 18 7 18 |
| eFrom 2015 475, 208. | | 表 。2011年 | | |
| 1 Total of lines 3a through e | 1,862,078. | 42 12 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | · · · · · · · · · · · · · · · · · · · | Constitution of the Consti |
| 4 Qualifying distributions for 2016 from | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1343 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Part XII, line 4: \triangleright \$ 1,119,203. | 意意感染的影響 | | 1965年 1965年 1966年 19 | 法。 |
| a Applied to 2015, but not more than line 2a | | | 0. | A STATE OF THE STA |
| b Applied to undistributed income of prior | 作:四年的自己的 | | | String to the string of the st |
| years (Election required - see instructions) | The little of the start of the start of | 0. | | |
| c Treated as distributions out of corpus | | July 18 Later St. S. | S The Control of the | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | المراد الإراد الإراد المراد المرا | 500 - 700 - 54 | entes of the second of the | 490,427. |
| e Remaining amount distributed out of corpus | 628,776. | N 13. 1.1. 1.2. 2. | 27.6. | Latin and a Control of the Control o |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount | 0. | | | 0. |
| must be shown in column (a), the same amount | Action 12 to 1 | र्वे प्राथित विद्वारत | 1.1.1 18 m では海野山 | A MARINE STATE OF THE STATE OF |
| 6 Enter the net total of each column as | | A STATE OF THE STA | | |
| indicated below: | 1 14 14 14 | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,490,854. | And the second s | 2 | The state of the s |
| b Prior years' undistributed income. Subtract | | | | LE MANTER TO STATE MAKE TO S |
| line 4b from line 2b | the state of the s | O'. | जनते अवेद्यान्य विकास विकास के किया है है है है इस के सम्बद्धित के किया के किया है कि किया है कि किया है कि किया है कि किया के किया है कि किया है कि किया है कि | Elevation of the With Land |
| c Enter the amount of prior years' | | | 品加力力 经贷款 | 等時でいいれる |
| undistributed income for which a notice of deficiency has been issued, or on which | ورساني والمحاور والمحاورة والمحاورة والمحاورة | | - The state of the | \$150 P. 10 \$10 P. 10 P. |
| the section 4942(a) tax has been previously | Salate Salate | | The state of the s | A CHARLES TO SERVICE T |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | 以外外的 对图图 | | 是,操作特別的語。 | の大きないとなって、これ、「成り」 |
| amount - see instructions | a de la esta esta esta esta esta esta esta est | 0. | · · · · · · · · · · · · · · · · · · · | Contraction of the second of the |
| e Undistributed income for 2015. Subtract line | | E. 12 - 12 - 12 - 13 | | The state of the s |
| 4a from line 2a. Taxable amount - see instr. | | of the first and the | 0. | 聖者等の一個新 |
| f Undistributed income for 2016. Subtract | Fig. at with Strain | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Bit he is not no a something | |
| lines 4d and 5 from line 1. This amount must | many like in it like | | | |
| be distributed in 2017 | , N | | I was the first the table of the | 0. |
| 7 Amounts treated as distributions out of | | Strate day to the state of the state | 化自己混合 化自己的 | 第7711年上海中海 |
| corpus to satisfy requirements imposed by | | 5 中國的新古漢一一人在 | | · (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | 196 196 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The state of the state of | |
| may be required - see instructions) | 0. | 30 1 7 35 J. W. M. C. 38 1 29 5 | 籍为自然性的知道 | 10.20 1 Salah Million |
| B Excess distributions carryover from 2011 | | | - 30 " 40 " Pell . " IF | 311-211-1111-11 |
| not applied on line 5 or line 7 | 392,219. | <u> </u> | A | mark the same |
| 9 Excess distributions carryover to 2017. | 0 000 | | | 對發行,時間經行 |
| Subtract lines 7 and 8 from line 6a | 2,098,635. | Both with & polymon in | for a material of the figure of the | والمراجع والمساوعة والمراجع |
| 0 Analysis of line 9; | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | The black |
| a Excess from 2012 263,630. | , , | | , , | The said the said the |
| b Excess from 2013 336,808. | ÷ , , , | | 4 40 | and the second of the second o |
| Excess from 2014 394,213. | | | | |
| dExcess from 2015 475, 208. | | 1 | | n. 5 m |
| e Excess from 2016 628,776. | <u></u> | . , , . | | £.;- |
| 23581 11-23-16 | | | · | Form QQA-DE (2016) |

| | LER FOUNDAT | | , | | 81683 Page 10 |
|--|------------------------------|------------------------------|--------------------------|---------------------------------------|----------------|
| Rart XIV Private Operating Fo | | | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling or | | | | | |
| foundation, and the ruling is effective for | | | ▶ | · · · · · · · · · · · · · · · · · · · | |
| b Check box to indicate whether the found | | ng foundation described i | | 4942(j)(3) or4 | 942(j)(5)/ |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | 1 | / |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| investment return from Part X for | | | | | ĺ |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | [| | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not |] | | | | |
| used directly for active conduct of | | 1 | | 1 | ti. |
| 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: | | | | } | ļ |
| a "Assets" alternative test - enter: | | | | | (|
| (1) Value of all assets | | | <u> </u> | | |
| (2) Value of assets qualifying under section 4942()(3)(B)(I) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | 1 |
| listed | | | | | <u> </u> |
| c "Support" alternative test - enter: | | | | j | |
| (1) Total support other than gross | | | | | |
| investment income (interest, dividends, rents, payments on | | / | | | |
| securities loans (section | / | ľ | ĺ | } | 1 |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | / | | | | |
| and 5 or more exempt organizations as provided in | | 1 | | | |
| section 4942(j)(3)(B)(iii) | | <u> </u> | ļ <u>.</u> | | |
| (3) Largest amount of support from | . / | Ì | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | <u> </u> | | | |
| Part XV Supplementary Info | rmation (Comple | ete this part only | if the foundatio | n had \$5,000 or m | ore in assets |
| at any time during t | ne year-see insti | ructions.) | | | |
| 1 Information Regarding Foundation | | | | | |
| a List any managers of the foundation wh year (but only if they have contributed in | o have contributed more | than 2% of the total cont | ributions received by th | e foundation before the cl | ose of any tax |
| | iore triair \$5,000). (See S | Section 507(0)(2).) | | | |
| NONE | | | | | |
| List any managers of the foundation wh other entity) of which the foundation has | | | (or an equally large por | tion of the ownership of a | partnership or |
| • * | ya 1070 or greater mileto | U., | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | | | | | |
| Check here \(\sum_{\text{\colored}} \) If the foundation of the foundation makes gifts, grants, etc. | | | | not accept unsolicited rec | |
| | <u> </u> | | | | |
| a The name, address, and telephone num | per or e-mail address of | tne person to whom appi | cations should be addi | esseo. | |
| SEE STATEMENT 11 | | | | | |
| b The form in which applications should b | e submitted and informa | ition and materials they si | nould include: | | |
| c Any submission deadlines: | | | | | |
| | | | | | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields, | kinds of institutions, o | r other factors: | |
| | | | | | |

| Recipient | ear or Approved for Future If recipient is an individual, | 1 | | |
|---------------------------------------|--|--------------------------------|----------------------------------|----------------------|
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | Or Substantial Continuotor | тесфиен | | |
| | | | | |
| ACTION MINISTRIES | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 6,00 |
| | | | | 0,00 |
| | | | | |
| ALLIANCE FOR CATHOLIC URBAN EDUCATION | NONE | 501(C)(3) | SCHOLARSHIP SUPPORT | |
| OVINGTON, KY | | | | 50,00 |
| | | | | |
| ANTHONY MUNOZ FOUNDATION | NONE | 501(C)(3) | OPERATING SUPPORT | |
| CINCINNATI, OH | | | | 5,00 |
| | | | | |
| BAWAC, INC. | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| FLORENCE, KY | | | | 10,00 |
| | | | | 10,00 |
| BE CONCERNED | NONE | | ODDINATIVO GYDDODO | |
| | | 501(C)(3) | PROGRAM SUPPORT | |
| Total SEE CON | I TINUATION SHEE | T(S) | | 10,60 885,65 |
| b Approved for future payment | | | | |
| NONE | | | | |
| NONE | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Tatal | | | | |
| Total . | | | ▶ 3b | rm 990-PF (20 |

623621 11-23-16

| nter gross amounts unless otherwise indicated. | Unrelated | ousiness income | | ad by section 512, 513, or 514 | (e) | |
|--|--|-----------------|----------------|------------------------------------|--|--|
| | (a) Business | (b) Amount | Exclu- sion | (d) Amount | Related or exempt function income | |
| 1 Program service revenue: | code | | code | Amount | TOTIC GOTT III COTTIE | |
| 8 | | | + | | | |
| b | ļ | | | | | |
| <u> </u> | <u> </u> | | | | | |
| 0 | | | | | | |
| e | | | | | | |
| | | _ - | + | | | |
| 9 Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | 14 | 3 1/12 | | |
| investments 4 Dividends and interest from securities | | | 14 | 3,142. 184,879. | | |
| 5 Net rental income or (loss) from real estate: | 5 - 1 5 - 1 | B 8 10 5 5 55 | | | 関係を持ちたるのはも | |
| a Debt-financed property | 81 - 1052 3 33 | (| 2.1 2.324 | LANCE OF THE PROPERTY OF THE PARTY | Marine Control of the Control of the Control | |
| b Not debt-financed property | | | +-+ | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | i i | | | |
| 7 Other investment Income | | _ | + | | | |
| 8 Gain or (loss) from sales of assets other | | | +-+ | | <u>.</u> | |
| than inventory | | | 18 | 164,731. | | |
| 9 Net income or (loss) from special events | | | + | | | |
| 10 Gross profit or (loss) from sales of inventory | | | + + | | | |
| 11 Other revenue: | | | | | | |
| a | | | | | | |
| b | | | 1 1 | | | |
| C | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | 2 1 | C |) . | 352,752. | 0 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13_ | 352,752 | |
| (See worksheet in line 13 instructions to verify calculations.) | | _== | | | | |
| Part XVI-B Relationship of Activities t | o the Accor | mplishment of | Exempt | Purposes | | |
| Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than | | | | uted importantly to the accor | mplishment of | |

| Part | XVII. | Information Re Exempt Organ | | sfers To a | and Transact | ions an | nd Relationsh | ips With Non | charitable | |
|-------------|---------------------------|--|--|--------------------|--|-------------------------------|--|---|--|---------------------------|
| • 0 | ıd the e- | | | of the follower | | | dbd | - 504/-) -4 | | /oo No |
| | | ganization directly or indi | | | | | | n 501(c) ot | | es No |
| | | other than section 501(c) | | | | ai organiz | auons? | | | 1 . 11 · 1 |
| | | from the reporting found | ation to a noncharita | ible exempt or | ganization of: | | • | | | |
| - | i) Cash | • | | | | - | - | | 1a(1) | X |
| - | • | assets | | | | | | | 1a(2) | X |
| | | sactions: | | | | | | | 17:3 | · |
| (| Sales | of assets to a noncharital | ble exempt organiza | tion | | | | | 1b(1) | X |
| (2 | 2) Purct | nases of assets from a no | ncharitable exempt | organization | | | | | 16(2) | X |
| (: | 3) Renta | l of facilities, equipment, | or other assets | | | | | | 1b(3) | X |
| (• | 1) Reimi | bursement arrangements | | | | | | | 16(4) | X |
| (! | 5) Loans | s or loan guarantees | | | | _ | | | 1b(5) | X |
| (6 | 5) Perto | rmance of services or me | mbership or fundrai | isıng solıcıtatio | ons | _ | | | 1b(6) | X |
| c S | haring of | l facilities, equipment, ma | uling lists, other asso | ets, or paid em | ployees | | | | 10 | X |
| d If | the ansv | ver to any of the above is | "Yes," complete the | following sche | edule. Column (b) si | hould alwa | ays show the fair ma | arket value of the g | oods, other asse | ts, |
| 0 | service | s given by the reporting fo | oundation. If the fou | ndation receiv | ed less than fair ma | rket value | in any transaction (| or sharing arrangen | nent, show in | • |
| | |) the value of the goods, | | | | | | | | |
| (a)Line | no | (b) Amount involved | (c) Name of | f nonchantable | e exempt organization | ori | (d) Description of | of transfers, transaction | ns, and sharing arm | ngements |
| _ | | | <u> </u> | N/A | | | | | | |
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| | <u>- - </u> | | | | | | | | | |
| | | dation directly or indirect | | | | ot organiza | ations described | | <u> </u> | T₹7 |
| | | 501(c) of the Code (other | • |)(3)) or in sect | tion 527? | | • | | L Yes | X No |
| b 17 | Yes, co | mplete the following sch | | | 1 /617 | landina I | | -) Description of a | laka a akin | |
| | | (a) Name of org | Janization | | (b) Type of organ | ilzation | | c) Description of re | lauonsnip | |
| | | N/A | | | | | | | | |
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| | T | | / | | | | | | | <u> </u> |
| | l and he | penalties of perjury, I declare her, it is true compet, and con | that I have examined the motete Declaration of pr | s return, includir | ng accompanying sche in taxoaver) is based oi | dules and si n all informa | tatements, and to the t | est of my knowledge has any knowledge. | May the IRS d | |
| Sigr | 1 | 1/2 | (.) | / | / | 11.0 | N | | return with the s <u>hown</u> below | preparer (see instr.)? |
| Here | | 112 | Sund | | 2/12 | <u>+118</u> | 1 KEASU | of CERL | X Yes | L No |
| | Sign | ature of officer or trustee | <u>, </u> | | Date | | Title | | | |
| | | Print/Type preparer's na | ıme | Preparer's s | (Detype | $_{2}$ \top | Date | Check if | PTIN | |
| | | THOMAS M. | COONEY, | 1 16/ | W//- | / | -// | self- employed | | |
| Paic | l | CPA | | | 011_ | ، ا /س | 2/4/18 | İ | P00940 | |
| Prep | oarer | Firm's name ► MOU | NTJOY CHI | LTON M | EDLEY LL | F | | Firm's EIN ► 2 | 7-12356 | 38 |
| Use | Only | | | | | | | | | |
| | - | Firm's address ▶ 35 | 36 EDWARI | S ROAD |) | | | | | |
| | | · - | NCTNNATT | OH 45 | | | | Dhono no (5 | 131 808 | -8800 |

| Part XV. Supplementary Information | | | | |
|--|--|--------------------------------------|--|---------|
| 3 Grants and Contributions Paid During the Ye Recipient | If recipient is an individual, | T | 1 | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| BRIGHTON CENTER, FISCAL AGENT FOR SAPETY NET ALLIANCE | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| NEWPORT, KY | | | | 2,388. |
| BRIGHTON CENTER | none | 501(C)(3) | PROGRAM SUPPORT | |
| NEWPORT, KY | | | | 7,951. |
| CAMPBELL COUNTY SCHOOLS ALEXANDRIA, KY | NONE | IRC 170(C)(1) PUBLIC SCHOOL | PROGRAM SUPPORT | 4,758. |
| <u> </u> | | 1 | | |
| CARE NET PREGNANACY SERVICES OF N. KY | NONE | 501(C)(3) | OPERATING SUPPORT | |
| FLORENCE, KY | | | | 1,000, |
| CASA OF KENTON COUNTY | NONE | 501(C)(3) | OPERATING SUPPORT | |
| COVINGTON, KY | | | | 12,500. |
| CATHOLIC CHARITIES, INC. | NONE. | 501(C)(3) | OPERATING SUPPORT & PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 14,658. |
| CENTER FOR INDEP LIVING OPTIONS | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 1,659. |
| CHILDREN'S LAW CENTER | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | ļ | 1,660. |
| CHILDREN, INC. COVINGTON, KY | NONE | 501(C)(3) | PROGRAM SUPPORT | 4,960, |
| CINCINNATI WORKS | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| CINCINNATI, OH | | | | 10,000 |
| Total from continuation sheets | | | | 804,044 |

| 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 or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Table and address (notice of additional) | or substantial contributor | recipient | | |
| | | | | |
| COVINGTON CATHOLIC HIGH SCHOOL | NONE | 501(C)(3) | SCHOLARSHIP SUPPORT | |
| COVINGTON, KY | | | | 25,000 |
| | | | | |
| COVINGTON INDEPENDENT SCHOOLS | NONE | IRC 170(C)(1) | PROGRAM SUPPORT | |
| COVINGTON, KY | | PUBLIC SCHOOL | | E 669 |
| SOFTMOTON, AT | | | | 5,668 |
| COUTHORON IADITES HOME | NONE | E01 (0) (2) | , amportant district and a second | |
| COVINGTON LADIES HOME | NONE | 501(C)(3) | OPERATING SUPPORT | |
| COVINGTON, KY | | | | 2,500 |
| | | | | |
| COVINGTON PARTNERS IN PREVENTION | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | Ì | | | 7,50 |
| | | | | |
| DIOCESAN CATHOLIC CHILDRENS HOME | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| The second secon | | | LACOURE DOFFURI | |
| FT. MITCHELL, KY | | | | 5,00 |
| | ` | | | ii |
| ECHO/HOSEA HOUSE | NONE | 501(C)(3) | OPERATING SUPPORT & | |
| NEWPORT, KY | | | PROGRAM SUPPORT | 3,30 |
| PINED CRIVING CHELT THE OF MODERNESS | YOUR | | 1 | |
| EMERGENCY SHELTER OF NORTHERN KENTUCKY | NONE | 501(c)(3) | OPERATING SUPPORT | |
| | | | | |
| COVINGTON, KY | | | | 13,427 |
| | | | | |
| ERLANGER/ELSMERE SCHOOLS | NONE | IRC 170(C)(1) PUBLIC SCHOOL | PROGRAM SUPPORT | |
| ERLANGER, KY | | 12210 00110011 | | 9,39 |
| - | | | | |
| PAITH COMMUNITY PHARMACY | NONE | 501(C)(3) | OPERATING SUPPORT | |
| STADEWAY VY | | | | |
| FLORENCE, KY | | | | 2,00 |
| | | | | |
| FAMILY NURTURING CENTER | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| FLORENCE, KY | | 1 | <u></u> | 5,00 |
| Total from continuation sheets | <u> </u> | | | |

| | ear (Continuation) If recipient is an individual, | | | |
|---|--|----------------------|----------------------------------|---------------|
| Recipient Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| | | | | |
| PAMILY PROMISE OF N KY | NONE | 501(C)(3) | PROGRAM SUPPORT & | |
| BWPORT, KY | | | | 18,163 |
| AMILY RESOURCE CENTER-GRANDVIEW | NONE | 501(C)(3) | OPERATING SUPPORT | |
| LEMENTARY | | | | |
| BELLEVUE, KY | | | | 68: |
| | | | | _ |
| PREEDOM FOUNDATION | NONE | 501(C)(3) | SCHOLARSHIP SUPPORT | |
| TALLEY BORD D | | | | 1 00: |
| ALLEY FORGE, PA | - | 1 | | 1,000 |
| NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER. | NO. | E01/01/31 | COUNT ADOUT D CHIPDODA | |
| EATEWAY COMMUNITY & TECHNICAL COLLEGE | NONE | 501(C)(3) | SCHOLARSHIP SUPPORT | |
| PLORENCE, KY | | | | 48,31 |
| | | | | |
| SOLLY HILL CHILDREN'S SERVICES | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| CALIFORNIA, KY | | | | 10,70 |
| | | | | |
| HOLY CROSS HIGH SCHOOL | NONE | 501(C)(3) | | |
| GOUTTNOMON IN | | | SCHOLARSHIP SUPPORT | 7 0 00 |
| COVINGTON, KY | | | | 70,00 |
| TODATION CONSTRUTTIVE PUNITS AND | NONE | 501(C)(3) | OPERATING SUPPORT | |
| HORIZON COMMUNITY FUNDS, INC. | NONE | B01(C)(3) | DELTATING SUFFORT | |
| COVINGTON, KY | | | | 50,00 |
| | | | | |
| IDA SPENCE MISSION | none | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 6,00 |
| | | | | |
| IGNATIAN SPIRITUALITY PROJECT | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| PATCAGO TI | | | | 2,50 |
| CHICAGO, IL | | | | |
| IDOM ATD OF MUS BINDODAS | NONE | 501(0)(3) | PROGRAM SUPPORT & | |
| LEGAL AID OF THE BLUEGRASS | NOME | 501(C)(3) | OPERATING SUPPORT | 10 |
| COVINGTON, KY | | | | 2,31 |

| Part XV Supplementary Information | | | | |
|--|--|--------------------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) If recipient is an individual, | 1 | | |
| Recipient Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| LIFE LEARNING CENTER, INC. | NONE | 501(C)(3) | OPERATING SUPPORT & | |
| COVINGTON, KY | | | PROGRAM SUPPORT | 3 026 |
| , x | | | | 3,028. |
| MADISON AVENUE CHRISTIAN CHURCH | none | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 11,700. |
| | | | | 22,700. |
| MADONNA HOUSE OF NKY | NONE | 501(C)(3) | | |
| FT. MITCHELL, KY | | | PROGRAM SUPPORT | 1,200. |
| | | | | 2,200. |
| MARY ROSE MISSION | NONE | 501(C)(3) | OPERATING SUPPORT | |
| FLORENCE, KY | | | | 2,000. |
| | | | | 2,000. |
| MASTER PROVISIONS | NONE | 501(C)(3) | OPERATING SUPPORT | |
| FLORENCE, KY | | | | 15,000. |
| MENTAL HEALTH AMERICA OF NORTHERN | NONE | 501/03/23 | | |
| KENTUCKY | HOME | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 1,000. |
| | | | | |
| MENTORING PLUS | NONE | 501(C)(3) | OPERATING SUPPORT | |
| NEWPORT, KY | | | | 10,000. |
| | | | | |
| NEWPORT CENTRAL CATHOLIC HIGH SCHOOL | NONE | 501(C)(3) | SCHOLARSHIP SUPPORT | |
| NEWPORT, KY | | | | 70,000. |
| | | | | |
| NEWPORT INDEPENDENT SCHOOLS | NONE | IRC 170(C)(1) | PROGRAM SUPPORT | |
| NEWPORT, KY | | PUBLIC SCHOOL | | 1,050. |
| | | | | , |
| NO. KENTUCKY HARVEST | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COLD SPRING, KY | | | | 3,000. |
| Total from continuation sheets | | | | <u> </u> |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Y | | | | |
|--|--|--------------------------------------|----------------------------------|-------------|
| Recipient | If recipient is an individual, | T | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or sousigning community | roupion | | |
| NORTH KEY COMMUNITY CARE | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 15,576. |
| NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| FLORENCE, KY | | | | 11,522. |
| NORTHERN KENTUCKY COMMUNITY ACTION | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 13,256. |
| NORTHERN KENTUCKY HEALTH DEPARTMENT | NONE | IRC 170 GOV'T | PROGRAM SUPPORT | |
| EDGEWOOD, KY | ļ | | | 7,705. |
| 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 | NONE | 501(C)(3) | OPERATING SUPPORT | |
| COVINGTON, KY | | | | 15,000 |
| PARISH KITCHEN | NONE | 501(C)(3) | OPERATING SUPPORT | |
| COVINGTON, KY | | | | 1,000 |
| PHILANTHROPY ROUNDTABLE | NONE | 501(C)(3) | OPERATING SUPPORT | |
| WASHINGTON, DC | | | | 15,000 |
| REDWOOD REHABILITATION CENTER | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| COVINGTON, KY | | | | 10,000 |
| Total from continuation sheets | | | <u> </u> | |

| SOCIETY OF ST. VINCEST DE PAUL | Part XV Supplementary Information | | | | |
|--|---|---|-------------------------|----------------------------------|---------|
| Name and address (home or business) Show any relationship to grant production and provided to the product of t | | | | | |
| ROSE GARDEN HOME MISSION NONE 501(C)(3) PERATING SUPPORT 9,000. SOCIETY OF ST. VINCENT DE PAUL NONE 501(C)(3) PROGRAM SUPPORT 25,947. ST. AUGUSTINE PARISH CUTREACH NONE 501(C)(3) PROGRAM SUPPORT 18,333. ST. BERNARD FOOD FANTRY NONE 501(C)(3) PREMATING SUPPORT 2,000. ST. CHARLES CARE CENTER NONE 501(C)(3) PREMATING SUPPORT 3,000. ST. CHARLES CARE CENTER NONE 501(C)(3) PROGRAM SUPPORT 3,000. ST. ELIZABETH FUNDATION NONE 501(C)(3) PROGRAM SUPPORT 33,363. ST. ELIZABETH EBALTECARE NONE 501(C)(3) PROGRAM SUPPORT 750. STRATEGIES TO END HOMELESENESS NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 750. STRATEGIES TO END HOMELESENESS NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. | | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| SOCIETY OF ST. VINCEST DE PAUL | Name and address (nome or business) | or substantial contributor | recipient | 00110100001 | |
| CRESCENT SPRINGS, KY DPERATING SUPPORT 35,967. ST. AUGUSTINE PARISH OUTREACH NOME 501(C)(3) PROGRAM SUPPORT 16,333. ST. BERNARD FOOD PANTRY NOME 501(C)(3) PREMATING SUPPORT 2,000. ST. CHARLES CARE CENTER NOME 501(C)(3) PROGRAM SUPPORT 30,000. ST. ELIZABETE FOUNDATION NOME 501(C)(3) PROGRAM SUPPORT 33,363. ST. ELIZABETH HEALTHCARE NOME 501(C)(3) PROGRAM SUPPORT 790. STRATEGIES TO END HOMELESSNESS NOME 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NOME 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NOME 501(C)(3) PROGRAM SUPPORT 10,000. STRATEGIES TO END HOMELESSNESS NOME 501(C)(3) PROGRAM SUPPORT 10,000. STRATEGIES TO END HOMELESSNESS NOME 501(C)(3) PROGRAM SUPPORT 10,000. STRATEGIES TO END HOMELESSNESS NOME 501(C)(3) PROGRAM SUPPORT 10,000. STRATEGIES TO END HOMELESSNESS NOME 501(C)(3) PROGRAM SUPPORT 10,000. STRATEGIES TO END HOMELESSNESS NOME 501(C)(3) SCHOLARSHIP SUPPORT | ROSE GARDEN HOME MISSION | NONE | 501(C)(3) | OPERATING SUPPORT | 9,000. |
| ST. BERNARD FOOD PANTRY NONE 501(C)(3) DERRATING SUPPORT 2,000. ST. CHARLES CARE CENTER NONE 501(C)(3) DERRATING SUPPORT 3,000. ST. ELIZABETH FOUNDATION NONE 501(C)(3) PROGRAM SUPPORT 33,383. ST. ELIZABETH HEALTECARE NONE 501(C)(3) PROGRAM SUPPORT 750. STRATEGIES TO END HOMELESSNESS NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. | SOCIETY OF ST. VINCENT DE PAUL CRESCENT SPRINGS, KY | NONE | 501(C)(3) | I : | 35,967. |
| ST. BERNARD FOOD PANTRY NONE 501(C)(3) DPERATING SUPPORT 2,000. ST. CHARLES CARE CENTER NONE 501(C)(3) DPERATING SUPPORT 3,000. ST. ELIZABETH FOUNDATION NONE 501(C)(3) PROGRAM SUPPORT 33,383. ST. ELIZABETH HEALTHCARE NONE 501(C)(3) PROGRAM SUPPORT 750. STRATEGIES TO END HOMELESSNESS NONE 501(C)(3) PROGRAM SUPPORT ADPERATING SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) SCHOLARSHIP SUPPORT 1,560. | ST. AUGUSTINE PARISH OUTREACH COVINGTON, KY | NONE | 501(C)(3) | PROGRAM SUPPORT | 18,333. |
| ST. CHARLES CARE CENTER NONE 501(C)(3) DERATING SUPPORT 3,000. ST. ELIZABETH FOUNDATION NONE 501(C)(3) PROGRAM SUPPORT 33,383. ST. ELIZABETH HEALTECARE NONE 501(C)(3) PROGRAM SUPPORT 750. STRATEGIES TO END HOMELESSNESS NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THOMAS MORE COLLEGE NONE 501(C)(3) SCHOLARSHIP SUPPORT 25,000. | ST. BERNARD FOOD PANTRY DAYTON, KY | NONE | 501(C)(3) | OPERATING SUPPORT | 2,000. |
| EDGEWOOD, KY ST. ELIZABETH HEALTHCARE NONE 501(C)(3) PROGRAM SUPPORT TYPO, STRATEGIES TO END HOMELESSNESS NONE 501(C)(3) PROGRAM SUPPORT & DPERATING SUPPORT CINCINNATI, OH THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 1,560. THOMAS MORE COLLEGE NONE 501(C)(3) SCHOLARSHIP SUPPORT CRESTVIEW HILLS, KY | ST. CHARLES CARE CENTER COVINGTON, KY | NONE | 501(c)(3) | OPERATING SUPPORT | 3,000. |
| ST. ELIZABETH HEALTHCARE NONE 501(C)(3) PROGRAM SUPPORT THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT & OPERATING SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 10,000. THOMAS MORE COLLEGE NONE 501(C)(3) SCHOLARSHIP SUPPORT CRESTVIEW HILLS, KY | ST. ELIZABETH FOUNDATION EDGEWOOD, KY | | 501(C)(3) | PROGRAM SUPPORT | 33,383. |
| CINCINNATI, OH THE SALVATION ARMY NONE 501(C)(3) PROGRAM SUPPORT 1,560. THOMAS MORE COLLEGE NONE 501(C)(3) SCHOLARSHIP SUPPORT 25,000. | ST. ELIZABETH HEALTHCARE EDGEWOOD, KY | NONE | | PROGRAM SUPPORT | 790. |
| THOMAS MORE COLLEGE NONE 501(C)(3) SCHOLARSHIP SUPPORT CRESTVIEW HILLS, KY 25,000. | STRATEGIES TO END HOMELESSNESS CINCINNATI, OH | NONE | 501(C)(3) | i | 10,000. |
| THOMAS MORE COLLEGE NONE 501(C)(3) SCHOLARSHIP SUPPORT CRESTVIEW HILLS, KY 25,000. | THE SALVATION ARMY COVINGTON, KY | NONE | 501(C)(3) | PROGRAM SUPPORT | 1,560. |
| ······································ | THOMAS MORE COLLEGE | | 501(C)(3) | SCHOLARSHIP SUPPORT | |
| | Total from continuation sheets | <u> </u> | <u> </u> | <u> </u> | 25,000. |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Y | | | | |
|--|--|--|----------------------------------|--------------|
| Recipient | If recipient is an individual, | | D | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | | | | <u> </u> |
| | | } | | |
| UNITED CHRISTIAN VOLUNTEERS | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| ELSMERE, KY | | | | 550. |
| EDORDRE, RI | | | | 350. |
| | | | | |
| UNITED MINISTRIES | NONE | 501(C)(3) | PROGRAM SUPPORT | |
| | | | | * 205 |
| ERLANGER, KY | | | | 1,225. |
| | | Ì | | ŀ |
| UPSPRING | none | 501(C)(3) | PROGRAM SUPPORT | |
| | | | | |
| CINCINNATI, OH | | | | 20,000 |
| | | } | | ł |
| WELCOME HOUSE | NONE | 501(C)(3) | OPERATING SUPPORT | |
| | | | | |
| COVINGTON, KY | | | | 34,631 |
| | | | | |
| WOMEN'S CRISIS CENTER | none | 501(C)(3) | PROGRAM SUPPORT | † |
| WOMEN B CRISTS CENTER | HOME | 501(0)(3) | I KOOIGET BOTTOKT | |
| COVINGTON, KY | | | | 1,500 |
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| Total from continuation sheets | ·_ | | | |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization **Employer identification number** THE BUTLER FOUNDATION 31-0981683 Organization type (check one) 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to

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

Name of organization

623452 10-18-16

Employer Identification number

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| THE B | UTLER FOUNDATION | | 31-0981683 |
|------------|---|---------------------------|---|
| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 1 | COMMONWEALTH HOTELS, P.O. BOX 75020 CINCINNATI, OH 45275 | \$26,0 | Person X Payroll O O . Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 2 | CORPOREX COMPANIES, LLC P.O. BOX 75020 CINCINNATI, OH 45275 | \$ 279,0 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) |
| 3 | WILLIAM P. BUTLER REV T/U/A DTD 8/13/10 P.O. BOX 75020 CINCINNATI, OH 45275 | \$5,134,7 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ons Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ons Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ons Type of contribution |
| | | \$ | Person Payroll Noncash |

Employer identification number

THE BUTLER FOUNDATION

31-0981683

| Part li | Noncash Property (See instructions). Use duplicate copies of Par | | 91003 |
|------------------------------|--|--|------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 3 | 284,000 SHS RDN STOCK | _ | |
| | | \$ 5,134,720. | 12/22/16 |
| (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 | Description of noncash property given | 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 |
| 523453 10-18 | 3.16 | Schedule B (Form 990, | JONET OF GOVERNMENT |

| Cobodulo D | , (Farm 000, 000 F7, as 000 PE) (2016) | • | Dave A | | | | | |
|---------------------------|---|---|---|--|--|--|--|--|
| Name of orga | (Form 990, 990-EZ, or 990-PF) (2016) anization | | Page 4 | | | | | |
| | TLER FOUNDATION | | 31-0981683 | | | | | |
| Part III | the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. | e Columns (a) through (e) and the follow) ous, chantable, etc., contributions of \$1,000 or la | section 5U1(c)(/), (8), or (10) that total more than \$1,000 for ng line entry. For organizations set for the year (Enterthis into once) \$ | | | | | |
| (a) No. | Use duplicate copies of Part III if addition | nal space is needed. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | Transferee's name, address, | (e) Transfer of gift | Relationship of transferor to transferee | | | | | |
| | Transferee a finance, address, | and zir + 4 | nerationship of transferor to transferee | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| ļ | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

| FORM 990-PF INTERE | ST ON SAVIN | IGS ANI | D TEMPO | RARY (| CASH I | NVESTMENTS | SI | ATEMENT | 1 |
|--|-----------------|-------------------------|----------------------------|----------------------------------|-----------------------|-------------------------------|-----|-------------------------------|-----------|
| SOURCE | | | (A) REVENUI PER BOOI | | | (B) INVESTMENȚ INCOME | N | (C) ADJUSTED NET INCOME | |
| LIFE LEARNING CENTE | £R | | 3,: | 133. | | 3,133. | | | |
| TOTAL TO PART I, LI | INE 3 | | 3,3 | 142. | | 3,142. | | | |
| FORM 990-PF | DIVIDENDS | AND I | INTEREST | r FROI | 4 SECU | JRITIES | ST | ATEMENT | 2 |
| SOURCE | GROSS AMOUNT | GZ | PITAL AINS IDENDS | REV | (A) /ENUE BOOKS | (B) NET INVES MENT INCO | | (C) ADJUSTI NET INCO | |
| CHARLES SCHWAB | 184,879. | | 0. | 18 | 34,879 | 184,87 | 79. | | |
| TO PART I, LINE 4 | 184,879. | | 0. | 18 | 34,879 | 184,87 | 79. | | |
| FORM 990-PF | | | TAXES | | | | ST | ATEMENT | 3 |
| DESCRIPTION | | (A) EXPENS PER BO | SES - NI | (B) VII-TE II T <u>M</u> E | | (C) ADJUSTEI ŅĒT IŅCOM | | (D) CHARITAI PURPOSI | |
| TAXES | | -3, | | -3 | 3,281. | | | | 0. |
| TO FORM 990-PF, PG | 1, LN 18 | -3, | , 281. | | 3,281. | | | | 0. |
| FORM 990-PF | | ОТІ | HER EXPE | ENSES | | | ST | 'ATEMENT | 4 |
| DESCRIPTION | | (A) EXPENS PER BO | SES NE | (B) VNI TE | ÆST- | (C) ADJUSTEI NET INCOM | | (D) CHARITAI PURPOSI | |
| MISCELLANEOUS ADMININVESTMENT FEES FEES ON CHECKING MANAGEMENT EXPENSE | ISTRATIVE | 24, | 715. 70. 250. | 24 | 0. 1,715. 0. | | | 2,23 7 131,25 | 0. 70. |
| TO FORM 990-PF, PG | 1, LN 23 | | 266. | 24 | 715. | | | 133,55 | |
| | _ | - | | | | | | | |

| BOOK VALUE 7,480,929. 7,480,929. BOOK VALUE 782,197. | FAIR MARKET VALUE 8,586,015 8,586,015 STATEMENT FAIR MARKET VALUE 957,215 | | | |
|--|--|--|--|--|
| 7,480,929. BOOK VALUE 782,197. | 8,586,015 STATEMENT FAIR MARKET VALUE | | | |
| BOOK VALUE 782,197. | STATEMENT FAIR MARKET VALUE | | | |
| 782,197. | FAIR MARKET VALUE | | | |
| 782,197. | VALUE | | | |
| | 957,215 | | | |
| 1,331,071. | | | | |
| 2,113,268. | 2,339,902 | | | |
| | STATEMENT | | | |
| ND OF YEAR BOOK VALUE | FAIR MARKET VALUE | | | |
| 100,000. | 100,000. | | | |
| 100,000. | 100,000 | | | |
| B | 100,000. | | | |

EXPLANATION

AN ANNUAL REPORT WAS FILED WITH THE OHIO ATTORNEY GENERAL IN LIEU OF A 990-PF, AS REQUIRED BY STATE LAW.

| | STANTIAL CONTRIBUTORS VII-A, LINE 10 | STATEMENT | |
|---|---|-----------|--|
| NAME OF CONTRIBUTOR | ADDRESS | | |
| WILLIAM P. BUTLER REV T/U/A DTD 8/13/10 | P.O. BOX 75020 | | |
| 6/13/10 | CINCINNATI, OH 45275 | | |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10

| TRUSTEES AND FOUNDATION MANAGERS | | | | | | |
|--|--------------------------|-----|---------------------------------|---------|--|--|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE | | |
| WILLIAM P BUTLER P.O. BOX 75020 CINCINNATI, OH 45275 | VICE-CHAIR 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. | | |
| | TRUSTEE 0.00 | | 0. | 0. | | |
| MARTY BUTLER P.O. BOX 75020 CINCINNATI, OH 45275 | CHAIR 1.00 | 0. | 0. | 0. | | |
| TOM BANTA P.O. BOX 75020 CINCINNATI, OH 45275 | TREASURER 1.00 | 0. | 0. | 0. | | |
| BARBARA SCHAEFER P.O. BOX 75020 CINCINNATI, OH 45275 | EXECUTIVE DIRECT | ror | 0. | 0. | | |

| THE BUTLER FOUNDATION | | | 31-098168 | | |
|--|-----------------|----|-----------|----|--|
| BOB KLARE P.O. BOX 75020 CINCINNATI, OH 45275 | TRUSTEE 1.00 | 0. | 0. | 0. | |
| AMANDA KOLAR P.O. BOX 75020 CINCINNATI, OH 45275 | PRUSTEE 1.00 | 0. | 0. | 0. | |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. | |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

C/O BARBARA SCHAEFER P.O. BOX 75020 CINCINNATI, OH 45275

TELEPHONE NUMBER

859-292-5534

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

OCTOBER 1, AND MARCH 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

NORTHERN KENTUCKY AREA, FOR THE UNDERPRIVILEGED.