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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation  
GEORGE AND MARY JO BUDIG FAMILY  
FOUNDATION C/O GEORGE J BUDIG

A Employer identification number  
35-2389585

Number and street (or P O box number if mail is not delivered to street address)  
129 PARK ROAD

Room/suite

B Telephone number (see instructions)  
(513) 562-8244

City or town, state or province, country, and ZIP or foreign postal code  
FORT MITCHELL, KY 41011

C If exemption application is pending, check here

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

D 1. Foreign organizations, check here

D 2. Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16)

J Accounting method

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

\$ 2,221,149

☒ Cash ☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis )

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part 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) (see instructions) )

|   | (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 (attach schedule)                              |                                    |                           |                         |   |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |   |
| 3 Interest on savings and temporary cash investments  | 210                                | 210                       |                         |   |
| 4 Dividends and interest from securities  | 74,070                             | 74,070                    |                         |   |
| 5a Gross rents  |                                    |                           |                         |   |
| b Net rental income or (loss)   |                                    |                           |                         |   |
| 6a Net gain or (loss) from sale of assets not on line 10                                      | 28,672                             |                           |                         |   |
| b Gross sales price for all assets on line 6a   | 101,382                            |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2)  |                                    | 97,502                    |                         |   |
| 8 Net short-term capital gain   |                                    |                           |                         |   |
| 9 Income modifications  |                                    |                           |                         |   |
| 10a Gross sales less returns and allowances   |                                    |                           |                         |   |
| b Less Cost of goods sold   |                                    |                           |                         |   |
| c Gross profit or (loss) (attach schedule)  |                                    |                           |                         |   |
| 11 Other income (attach schedule)   | 100                                | 0                         |                         |   |
| 12 Total. Add lines 1 through 11  | 103,052                            | 171,782                   |                         |   |
| 13 Compensation of officers, directors, trustees, etc   | 0                                  | 0                         |                         | 0   |
| 14 Other employee salaries and wages  |                                    |                           |                         |   |
| 15 Pension plans, employee benefits   |                                    |                           |                         |   |
| 16a Legal fees (attach schedule)  |                                    |                           |                         |   |
| b Accounting fees (attach schedule)   |                                    |                           |                         |   |
| c Other professional fees (attach schedule)   |                                    |                           |                         |   |
| 17 Interest   |                                    |                           |                         |   |
| 18 Taxes (attach schedule) (see instructions)   |                                    |                           |                         |   |
| 19 Depreciation (attach schedule) and depletion   |                                    |                           |                         |   |
| 20 Occupancy  |                                    |                           |                         |   |
| 21 Travel, conferences, and meetings  |                                    |                           |                         |   |
| 22 Printing and publications  |                                    |                           |                         |   |
| 23 Other expenses (attach schedule)   |                                    |                           |                         |   |
| 24 Total operating and administrative expenses. Add lines 13 through 23                       | 0                                  | 0                         |                         | 0   |
| 25 Contributions, gifts, grants paid  | 69,100                             |                           |                         | 69,100  |
| 26 Total expenses and disbursements. Add lines 24 and 25                                      | 69,100                             | 0                         |                         | 69,100  |
| 27 Subtract line 26 from line 12  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements   | 33,952                             |                           |                         |   |
| b Net investment income (if negative, enter -0-)  |                                    | 171,782                   |                         |   |
| c Adjusted net income (if negative, enter -0-)  |                                    |                           |                         |   |

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

| <b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |  | Beginning of year     | End of year           |                              |
|--|--|-----------------------|-----------------------|------------------------------|
|  |  | <b>(a)</b> Book Value | <b>(b)</b> Book Value | <b>(c)</b> Fair Market Value |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 17,981                | 17,981                | 17,981                       |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 103,786               | 210,448               | 210,448                      |
|  | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____   |                       |                       |                              |
|  | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____  |                       |                       |                              |
|  | <b>5</b> Grants receivable . . . . .   |                       |                       |                              |
|  | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .     |                       |                       |                              |
|  | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                            |                       |                       |                              |
|  | <b>8</b> Inventories for sale or use . . . . .   |                       |                       |                              |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                       |                       |                              |
|  | <b>10a</b> Investments—U S and state government obligations (attach schedule)  |                       |                       |                              |
|  | <b>b</b> Investments—corporate stock (attach schedule) . . . . .   | 2,386,560             | 1,992,720             | 1,992,720                    |
|  | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .   |                       |                       |                              |
|  | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                  |                       |                       |                              |
|  | <b>12</b> Investments—mortgage loans . . . . .   |                       |                       |                              |
|  | <b>13</b> Investments—other (attach schedule) . . . . .  |                       |                       |                              |
|  | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                              |                       |                       |                              |
| <b>15</b> Other assets (describe ▶ _____)  |  |                       |                       |                              |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                      | 2,508,327  | 2,221,149             | 2,221,149             |                              |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  |                       |                       |                              |
|  | <b>18</b> Grants payable . . . . .   |                       |                       |                              |
|  | <b>19</b> Deferred revenue . . . . .   |                       |                       |                              |
|  | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons   |                       |                       |                              |
|  | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .  |                       |                       |                              |
|  | <b>22</b> Other liabilities (describe ▶ _____)   |                       |                       |                              |
|  | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .   | 0                     | 0                     |                              |
| <b>Net Assets or Fund Balances</b>   | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                       |                       |                              |
|  | <b>24</b> Unrestricted . . . . .   |                       |                       |                              |
|  | <b>25</b> Temporarily restricted . . . . .   |                       |                       |                              |
|  | <b>26</b> Permanently restricted . . . . .   |                       |                       |                              |
|  | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                       |                       |                              |
|  | <b>27</b> Capital stock, trust principal, or current funds . . . . .   | 0                     | 0                     |                              |
|  | <b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund   | 0                     | 0                     |                              |
|  | <b>29</b> Retained earnings, accumulated income, endowment, or other funds   | 2,508,327             | 2,221,149             |                              |
| <b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .  | 2,508,327  | 2,221,149             |                       |                              |
| <b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .   | 2,508,327  | 2,221,149             |                       |                              |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |           |
|---|----------|-----------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>1</b> | 2,508,327 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .   | <b>2</b> | 33,952    |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____   | <b>3</b> | 0         |
| <b>4</b> Add lines 1, 2, and 3 . . . . .  | <b>4</b> | 2,542,279 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____   | <b>5</b> | 321,130   |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .  | <b>6</b> | 2,221,149 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--|---|---|-------------------------------------|
| <b>1 a</b> 2000 SHARES BB&T  |   |   |                                     |
| <b>b</b>   |   |   |                                     |
| <b>c</b>   |   |   |                                     |
| <b>d</b>   |   |   |                                     |
| <b>e</b>   |   |   |                                     |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|---|--|---|
| <b>a</b> 101,382         |   | 3,880  | 97,502  |
| <b>b</b>                 |   |  |   |
| <b>c</b>                 |   |  |   |
| <b>d</b>                 |   |  |   |
| <b>e</b>                 |   |  |   |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |   |  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---|---|--|---|
| (i)<br>F M V as of 12/31/69   | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |   |
| <b>a</b>  |   |  | 97,502  |
| <b>b</b>  |   |  |   |
| <b>c</b>  |   |  |   |
| <b>d</b>  |   |  |   |
| <b>e</b>  |   |  |   |

|   |          |        |
|---|----------|--------|
| <b>2</b> Capital gain net income or (net capital loss) <div style="float: right; font-size: small;">           { If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div> | <b>2</b> | 97,502 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8                     | <b>3</b> |        |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|--|--|--|---|
| 2017   | 38,100                                   | 1,620,909                                    | 0 023505  |
| 2016   | 36,400                                   | 1,057,180                                    | 0 034431  |
| 2015   | 31,500                                   | 274,835                                      | 0 114614  |
| 2014   | 27,550                                   | 63,690                                       | 0 432564  |
| 2013   | 21,900                                   | 37,065                                       | 0 590854  |

|  |          |           |
|--|----------|-----------|
| <b>2</b> Total of line 1, column (d)   | <b>2</b> | 1 195968  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the<br>number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0 239194  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  | <b>4</b> | 2,559,644 |
| <b>5</b> Multiply line 4 by line 3   | <b>5</b> | 612,251   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)  | <b>6</b> | 1,718     |
| <b>7</b> Add lines 5 and 6   | <b>7</b> | 613,969   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4  | <b>8</b> | 69,100    |

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |   |           |       |
|-----------|---|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .   | <b>1</b>  | 3,436 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)  |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   | <b>2</b>  | 0     |
| <b>3</b>  | Add lines 1 and 2. . . . .  | <b>3</b>  | 3,436 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   | <b>4</b>  | 0     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>  | 3,436 |
| <b>6</b>  | Credits/Payments  |           |       |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018   | <b>6a</b> | 879   |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .   | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .   | <b>6c</b> | 0     |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .   | <b>6d</b> | 0     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .  | <b>7</b>  | 879   |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached  | <b>8</b>  | 0     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .   | <b>9</b>  | 2,557 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .   | <b>10</b> |       |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>   | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|   | Yes       | No  |
|---|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .  | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .  | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0  |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0   |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities   | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .   | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .   | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .  | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T   | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .                    | <b>6</b>  | Yes |
| <b>7</b> 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 . . . . .   | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input type="checkbox"/> KY   |           |     |
| <b>b</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 .  | <b>8b</b> | Yes |
| <b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .  | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .  | <b>10</b> | No  |


**Part VII-A Statements Regarding Activities** (continued)

|           |  |           |            |           |
|-----------|--|-----------|------------|-----------|
| <b>11</b> | 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. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .   | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A   | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>►</b> MR GEORGE J BUDIG Telephone no <b>►</b> (513) 562-8244   |           |            |           |
|           | Located at <b>►</b> 129 PARK ROAD FORT MITCHELL KY ZIP+4 <b>►</b> 41011  |           |            |           |
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>  |           |            |           |
| <b>16</b> | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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. |   |           | <b>Yes</b> | <b>No</b> |
|---|---|-----------|------------|-----------|
| <b>1a</b>   | During the year did the foundation (either directly or indirectly)  |           |            |           |
|   | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |           |
|   | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |           |
|   | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |           |
|   | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |           |
|   | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |           |            |           |
|   | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/><br>Organizations relying on a current notice regarding disaster assistance check here. . . . . <b>►</b> <input type="checkbox"/>  | <b>1b</b> |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .   | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |           |            |           |
| <b>a</b>  | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____   |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .   | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____  |           |            |           |
| <b>3a</b>   | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b>   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?   | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)


|           |   |   |            |           |
|-----------|---|---|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to   |   | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. |   | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here.    | <input type="checkbox"/>  |            |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
|           | If "Yes," attach the statement required by Regulations section 53.4945–5(d)   |   |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
|           | If "Yes" to 6b, file Form 8870  |   |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

| (a) Name and address                                       | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| GEORGE J BUDIG<br>129 PARK ROAD<br>FORT MITCHELL, KY 41011 | TRUSTEE<br>2 00   | 0   | 0   | 0                                     |
| MARY JO BUDIG<br>129 PARK ROAD<br>FORT MITCHELL, KY 41011  | TRUSTEE<br>2 00   | 0   | 0   | 0                                     |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000.  0

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

**3** **Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                       | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services. . . . . |                     | 0                |

**Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|          | Expenses |
|----------|----------|
| <b>1</b> |          |
| <b>2</b> |          |
| <b>3</b> |          |
| <b>4</b> |          |

**Part IX-B** **Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| <b>1</b>   |        |
| <b>2</b>   |        |
| All other program-related investments. See instructions.   |        |
| <b>3</b>   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . .  | 0      |

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.   | <b>1a</b> | 2,432,030 |
| <b>b</b> | Average of monthly cash balances.  | <b>1b</b> | 166,593   |
| <b>c</b> | Fair market value of all other assets (see instructions).  | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).   | <b>1d</b> | 2,598,623 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.  | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.  | <b>3</b>  | 2,598,623 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 38,979    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 2,559,644 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.  | <b>6</b>  | 127,982   |

**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.)

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.   | <b>1</b>  | 127,982 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.  | <b>2a</b> | 3,436   |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).  | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.   | <b>2c</b> | 3,436   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 124,546 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.   | <b>4</b>  | 100     |
| <b>5</b>  | Add lines 3 and 4.   | <b>5</b>  | 124,646 |
| <b>6</b>  | Deduction from distributable amount (see instructions).  | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 124,646 |

**Part XII Qualifying Distributions** (see instructions)

|          |  |           |        |
|----------|--|-----------|--------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  |           |        |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.   | <b>1a</b> | 69,100 |
| <b>b</b> | Program-related investments—total from Part IX-B.  | <b>1b</b> | 0      |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.   | <b>2</b>  |        |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the  |           |        |
| <b>a</b> | Suitability test (prior IRS approval required).  | <b>3a</b> |        |
| <b>b</b> | Cash distribution test (attach the required schedule).   | <b>3b</b> |        |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | <b>4</b>  | 69,100 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | <b>5</b>  | 0      |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.   | <b>6</b>  | 69,100 |

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



**Part XIII Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7  |               |                            |             | 124,646     |
| <b>2</b> Undistributed income, if any, as of the end of 2018   |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .   |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____  |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018   |               |                            |             |             |
| <b>a</b> From 2013. . . . .  |               |                            |             |             |
| <b>b</b> From 2014. . . . . 16,680   |               |                            |             |             |
| <b>c</b> From 2015. . . . . 17,902   |               |                            |             |             |
| <b>d</b> From 2016. . . . .  |               |                            |             |             |
| <b>e</b> From 2017. . . . .  |               |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .  | 34,582        |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 69,100   |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a  |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .  |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .  | 0             |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .   |               |                            |             | 69,100      |
| <b>e</b> Remaining amount distributed out of corpus  | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )  | 34,582        |                            |             | 34,582      |
| <b>6</b> Enter the net total of each column as indicated below:  |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .   |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .   |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .   |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .   |               |                            |             | 20,964      |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .  | 0             |                            |             |             |
| <b>9</b> Excess distributions carryover to 2019.<br>Subtract lines 7 and 8 from line 6a . . . . .  | 0             |                            |             |             |
| <b>10</b> Analysis of line 9   |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .   |               |                            |             |             |
| <b>b</b> Excess from 2015. . . . .   |               |                            |             |             |
| <b>c</b> Excess from 2016. . . . .   |               |                            |             |             |
| <b>d</b> Excess from 2017. . . . .   |               |                            |             |             |
| <b>e</b> Excess from 2018. . . . .   |               |                            |             |             |

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

|  |          |               |          |          |           |
|--|----------|---------------|----------|----------|-----------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶ |          |               |          |          |           |
| <b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |          |               |          |          |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .  | Tax year | Prior 3 years |          |          | (e) Total |
|  | (a) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>b</b> 85% of line 2a . . . . .  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter   |          |               |          |          |           |
| (1) Value of all assets . . . . .  |          |               |          |          |           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .  |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .  |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter  |          |               |          |          |           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .  |          |               |          |          |           |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .  |          |               |          |          |           |
| (3) Largest amount of support from an exempt organization . . . . .  |          |               |          |          |           |
| (4) Gross investment income . . . . .  |          |               |          |          |           |

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

|   |  |
|---|--|
| <b>1 Information Regarding Foundation Managers:</b>   |  |
| <b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )<br>GEORGE J BUDIG  |  |
| <b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>  |  |
| Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. |  |
| <b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed  |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include   |  |
| <b>c</b> Any submission deadlines   |  |
| <b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors   |  |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |  |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |  |                                      |                                     |        |
| <b>Total . . . . .</b>  |  |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |  |                                      |                                     |        |
| <b>Total . . . . .</b>  |  |                                      | <b>▶ 3b</b>                         |        |

Enter gross amounts unless otherwise indicated

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

|                      |  |
|----------------------|--|
| <b>Line No.</b><br>▼ | 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) (See instructions.) |
|----------------------|--|

Form **990-PF** (2018)



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| ACTION MINISTRIES4375 BORON DR<br>COVINGTON, KY 41015  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ALZHEIMER'S ASSOCIATION<br>644 LINN ST SUITE 1026<br>CINCINNATI, OH 45203                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| AMERICAN CANCER SOCIETY -<br>NORTHERN KENTUCKY OFFICE<br>297 BUTTERMILK PIKE<br>FT MITCHELL, KY 41011    | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| AMERICAN DIABETES ASSOCIATION<br>1701 N BEAUREGARD ST<br>ALEXANDRIA, VA 22311                            | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| AMERICAN FOUNDATION FOR THE BLIND INC<br>2 PENN PLAZA SUITE 1102<br>NEW YORK, NY 10121                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| AMERICAN INDIAN COLLEGE FUND<br>PO BOX 172449<br>DENVER, CO 80217  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| a Paid during the year   |   |                                |                                  |        |
| AMERICAN INSTITUTE FOR CANCER RESEARCH<br>1759 R STREET NW PO BOX 97167<br>WASHINGTON, DC 20090          | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| AMERICAN PARKINSON DISEASE ASSOCIATION<br>135 PARKINSON AVE<br>STATEN ISLAND, NY 10305                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| AMERICAN RED CROSS - CINCINNATI REGION<br>2111 DANA AVE<br>CINCINNATI, OH 45207                          | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| Total . . . . . ▶ 3a   |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| ANDERSON FERRY FOOD PANTRY<br>380 GREENWELL AVE<br>CINCINNATI, OH 45238                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| ARBOR DAY FOUNDATION<br>100 ARBOR AVENUE<br>NEBRASKA CITY, NE 68410                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ARTHRITIS FOUNDATION<br>7124 MIAMI AVENUE<br>CINCINNATI, OH 45243  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| BE CONCERNED714 WASHINGTON ST<br>COVINGTON, KY 41011   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| BEECHWOOD BAND BOOSTERS<br>PO BOX 17353<br>FT MITCHELL, KY 41017   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| BEECHWOOD EDUCATIONAL FOUNDATION<br>50 BEACHWOOD ROAD<br>FT MITCHELL, KY 41017                           | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| BEECHWOOD HOME<br>2140 POGUE AVENUE<br>CINCINNATI, OH 45208  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| BEHRINGER - CRAWFORD MUSEUM<br>1600 MONTAGUE RD - DEVOU PARK<br>COVINGTON, KY 41011                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| BETA THETA PI5134 BONHAM RD<br>OXFORD, OH 45056  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| BETHANY HOUSE1841 FAIRMOUNT AVE<br>CINCINNATI, OH 45214  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| BOONE CONSERVANCYPO BOX 416<br>BURLINGTON, KY 41005  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| BOONE COUNTY 4H<br>5927 BURLINGTON PIKE<br>BURLINGTON, KY 41005  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| BOONE COUNTY ADULT WORK AND ACTIVITY CENTER<br>7970 KENTUCKY DR<br>FLORENCE, KY 41042                    | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| BOONE COUNTY ARBORETUM<br>9190 CAMP ERNST ROAD<br>UNION, KY 41091  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| BOONE COUNTY CASA - COURT APPOINTED SPECIAL ADVOC<br>2989 WASHINGTON SQUARE<br>BURLINGTON, KY 41005      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| BOONE COUNTY HISTORICAL SOCIETY<br>PO BOX 2300<br>FLORENCE, KY 41022                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| BOY SCOUTS OF AMERICA<br>10078 READING RD<br>CINCINNATI, OH 45241  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 1,000  |
| BOYS HOPE GIRLS HOPE<br>4225 MALSARY RD SUITE 208<br>CINCINNATI, OH 45242                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| BRaille BOOKS FOR BLIND CHILDREN<br>1800 JOHNSON ST<br>BALTIMORE, MD 21230                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| BRIGHTEN CENTERS - FOOD PANTRY<br>PO BOX 325<br>NEWPORT, KY 41072  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CANCER SUPPORT COMMUNITY<br>4918 COOPER RD<br>CINCINNATI, OH 45242                                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CARMEL MANOR100 CARMEL MANOR RD<br>FT THOMAS, KY 41075   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CATHOLIC CHARITIES SW OHIO<br>100 E 8TH STREET<br>CINCINNATI, OH 45202                                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CATHOLIC RELIEF SERVICES<br>228 W LEXINGTON ST<br>BALTIMORE, MD 21201                                    | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CEDAR VILLAGE FOUNDATION<br>5467 CEDAR VILLAGE DRIVE<br>MASON, OH 45040                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CENTER FOR COURAGEOUS KIDS<br>1501 BURNLEY RD<br>SCOTTSVILLE, KY 42164                                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CENTRAL CLINIC FOUNDATION<br>311 ALBERT SABIN WAY<br>CINCINNATI, OH 45229                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CENTRAL PARKWAY YMCA<br>1105 ELM STREET<br>CINCINNATI, OH 45202  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CHILDHOOD FOOD SOLUTIONS<br>2573 SAINT LEO PLACE<br>CINCINNATI, OH 45225                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CHILDREN'S HOME OF CINCINNATI<br>5050 MADISON ROAD<br>CINCINNATI, OH 45227                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CHILDREN'S HOME OF N KENTUCKY<br>200 HOME ROAD DEVOU PARK<br>COVINGTON, KY 41011                         | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| CHILDRENS THEATRE OF CINCINNATI<br>5020 OAKLAWN DR-STE 2000<br>CINCINNATI, OH 45227                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CHRISTIAN APPALACHIAN PROJECT<br>6550 SOUTH KY RT 321 PO BOX 459<br>HAGERHILL, KY 41222                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CHRISTIANS UNITED FOR ISRAEL<br>PO BOX 1307<br>SAN ANTONIO, TX 78295                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| CHURCH OF OUR SAVIOR<br>256 EAST 10TH AVE<br>COVINGTON, KY 41011   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CINCINNATI CHILDREN HOSPITAL<br>3333 BURNET AVE<br>CINCINNATI, OH 45229                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| CINCINNATI EDUCATIONAL TV<br>1223 CENTRAL PARKWAY<br>CINCINNATI, OH 45214                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CINCINNATI FIRE MUSEUM<br>315 WEST COURT STREET<br>CINCINNATI, OH 45202                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CINCINNATI MUSEUM CENTER<br>1301 WESTERN AVENUE<br>CINCINNATI, OH 45203                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CINCINNATI SCHOLARSHIP FDTN<br>602 MAIN ST SUITE 1000<br>CINCINNATI, OH 45202                            | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CINCINNATI VA MEDICAL CENTER<br>3200 VINE STREET<br>CINCINNATI, OH 45220                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| CINCINNATI ZOO & BOTANICAL GARDEN<br>3400 VINE ST<br>CINCINNATI, OH 45220                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| CITY GOSPEL MISSION1419 ELM ST<br>CINCINNATI, OH 45202   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| CITYLINK CENTER800 BANK ST<br>CINCINNATI, OH 45214   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| CLEVELAND CLINIC9500 EUCLID AVE<br>CLEVELAND, OH 44195   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| COAST GUARD FOUNDATION<br>394 TAUGWONK RD<br>STONINGTON, CT 06378  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| COMMUNITY SHARES OF GREATER CINCINNATI<br>103 WILLIAM H TAFT RD<br>CINCINNATI, OH 45219                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| COVENANT HOUSE461 EIGHT AVE<br>NEW YORK, NY 10001  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| COVINGTON CATHOLIC HIGH SCHOOL<br>1600 DIXIE HIGHWAY<br>PARK HILLS, KY 41011                             | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| COVINGTON LADIES HOME<br>702 GARRARD STREET<br>COVINGTON, KY 41011                                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CRAYONS TO COMPUTERS<br>1350 TENNESSEE AVENUE<br>CINCINNATI, OH 45229                                    | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| CRESCENT HILL UNITED METHODIST CHURCH<br>201 S PETERSON AVENUE<br>LOUISVILLE, KY 40206                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CUMBERLAND COLLEGE<br>6191 COLLEGE STATION DRIVE<br>WILLIAMSBURG, KY 40769                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| CYSTIC FIBROSIS FOUNDATION<br>6931 ARLINGTON ROAD<br>BETHESDA, MD 20814                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| Total . . . . . ▶ 3a   |   |                                |                                  | 69,100 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| DINSMORE HOMESTEADPO BOX 453<br>BURLINGTON, KY 41005   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| DIOCESAN CATHOLIC CHILDRENS HM<br>75 ORPHANAGE ROAD PO BOX 17007<br>FT MITCHELL, KY 41017                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| DISCIPLE MARKERS4393 BORON DR<br>LATONIA, KY 41015   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| EASTER SEALSPO BOX 111128<br>LEXINGTON, KY 40512   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| EMERGENCY COLD SHELTER OF<br>NORTHERN KENTUCKY<br>634 SCOTT STREET<br>COVINGTON, KY 41011                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 2,200  |
| EPILEPSY FOUNDATIONPO BOX 96546<br>WASHINGTON, DC 20077  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| EVERGREEN CEMETERY COMPANY<br>25 SOUTH ALEXANDRIA PIKE<br>SOUTHGATE, KY 41072                            | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| FAIRHAVEN RESCUE MISSION<br>260 PIKE ST PO BOX 12761<br>COVINGTON, KY 41012                              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| FAMILY NURTURING CENTER<br>8275 EWING BLVD<br>FLORENCE, KY 41042   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| FAMILY PROMISE OF N KENTUCKY<br>336 WEST 9TH ST<br>NEWPORT, KY 41042                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| FEEDING AMERICAPO BOX 96749<br>WASHINGTON, DC 20077  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| FREESTORE FOODBANK<br>1141 CENTRAL PARKWAY<br>CINCINNATI, OH 45202                                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 2,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |

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| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| FRIARS CLUB4300 VINE ST<br>CINCINNATI, OH 45202  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| FRIENDS OF BIG BONE INCPO BOX 184<br>PETERSBURG, KY 41080  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| GARRARD ST CHURCH OF CHRIST<br>218 GARRARD ST<br>COVINGTON, KY 41011                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| GEORGIA TECH ALUMNI ASSOC<br>190 NORTH AVE<br>ATLANTA, GA 30313  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| GUIDE DOGS FOR THE BLIND<br>350 LOS RANCHITOS RD<br>SAN RAFAEL, CA 94903                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HABITAT FOR HUMANITY<br>4910 PARA DRIVE<br>CINCINNATI, OH 45237  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| HAPPEN INC4201 HAMILTON AVE<br>CINCINNATI, OH 45223  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HEALING PLACE<br>1020 W MARKET STREET<br>LOUISVILLE, KY 45202  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HEARING SPEECH & DEAF CENTER OF<br>GREATER CINCINNATI<br>2825 BURNET AVENUE<br>CINCINNATI, OH 45219      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| HEIFER INTERNATIONAL<br>1 WORLD AVENUE<br>LITTLE ROCK, AR 72202  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HENRY HOSEA HOUSEPO BOX 72046<br>NEWPORT, KY 41072   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HERITAGE FOUNDATION<br>COVINGTON AREA MEMBERSHIP DR PO BOX<br>97057<br>WASHINGTON, KY 20077              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| HIGHLAND MEMORY GARDENS<br>279 LANDIS LN<br>MT WASHINGTON, KY 40047                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HILLEL CINCINNATI2615 CLIFTON AVE<br>CINCINNATI, OH 45220  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| HILLSDALE COLLEGE33 E COLLEGE ST<br>HILLSDALE, MI 49242  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| HOME OF THE INNOCENTS<br>1100 EAST MARKET STREET<br>LOUISVILLE, KY 40206                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HOSPICE OF CINCINNATI<br>4310 COOPER RD<br>CINCINNATI, OH 45242  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| HOSPICE OF ST ELIZABETH<br>HEALTHCARE<br>483 SOUTH LOOP RD<br>EDGEWOOD, KY 41017                         | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| HOSPICE OF THE BLUEGRASS<br>2312 ALEXANDRIA DR<br>LEXINGTON, KY 40504                                    | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| HOUSING OPPORTUNITIES OF NORTHERN KENTUCKY<br>502 FRY STREET<br>COVINGTON, KY 41011                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI<br>990 NASSAU STREET<br>CINCINNATI, OH 45206        | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| INTL FELLOWSHIP OF CHRISTIANS & JEWS<br>30 NORTH LASALLE ST SUITE 2600<br>CHICAGO, IL 60602              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| JEWISH FAMILY SERVICES<br>8485 RIDGE RD<br>CINCINNATI, OH 45236  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| JEWISH NATIONAL FUND<br>9918 CARVER ROAD - STE 102<br>CINCINNATI, OH 45242                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| JUNIOR ACHIEVEMENT<br>644 LINN ST SUITE 1024<br>CINCINNATI, OH 45203                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| KAREN CARNS FOUNDATION<br>4600 N MASON-MONTGOMERY ROAD<br>MASON, OH 45040                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| KENTUCKY SYMPHONYPO BOX 72810<br>NEWPORT, KY 41072   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| KENTUCKY WATERWAYS ALLIANCE<br>120 WEBSTER ST STE 217<br>LOUISVILLE, KY 40206                            | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| KET560 COOPER DR<br>LEXINGTON, KY 40502  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| LEUKEMIA & LYMPHOMA SOCIETY<br>SOUTHERN OHIO CHAPTER<br>2300 WALL STREET<br>CINCINNATI, OH 45212         | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment   |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| LIFE LEARNING CENTER<br>315 EAST 15TH STREET<br>COVINGTON, KY 41011  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| LIGHTHOUSE YOUTH SERVICES<br>401 E MCMILLAN STREET<br>CINCINNATI, OH 45206                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| LITERACY NETWORK OF GR CINTI<br>635 W 7TH STREET SUITE 103 - 19<br>BROADCAST PLAZA<br>CINCINNATI, OH 45203 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| LITTLE BROTHERS FRIENDS OF THE ELDERLY<br>5530 COLERAIN AVENUE<br>CINCINNATI, OH 45239                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| MADISON AVENUE CHRISTIAN CHURCH<br>1530 MADISON AVE<br>COVINGTON, KY 41011                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MAKE A WISH FOUNDATION<br>PO BOX 97104<br>WASHINGTON, DC 20090   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

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|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| MARCH OF DIMESPO BOX 1549<br>AKRON, OH 44309   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MARINE CORPS HERITAGE FOUNDATION<br>3800 FETTLER PARK DR - STE 104<br>DUMFRIES, VA 22025                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MARY ROSE MISSION272 MAIN ST<br>FLORENCE, KY 41042   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| MASTER PROVISIONS<br>7725 FOUNDATION DR<br>FLORENCE, KY 41042  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MATHEW 25MINISTRIES<br>11060 KENWOOD RD<br>CINCINNATI, OH 45242  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 2,000  |
| MERCY CORP45 SW ANKENY ST<br>PORTLAND, OR 97204  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |

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|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| MERCY MONTESSORI<br>2335 GRANDVIEW AVE<br>CINCINNATI, OH 45206   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MIAMI PROJECT TO CURE PARALYSIS<br>730 SW 69TH TERRACE<br>PEMBROKE PINES, FL 33023                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| MIAMI UNIVERSITY725 E CHESTNUT ST<br>OXFORD, OH 45056  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| MICHAEL J FOX FOUNDATION<br>PO BOX 5014<br>HAGERSTOWN, MD 21741  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MINNESOTA OVARIAN CANCER ALLIANCE INC<br>4604 CHICAGO AVE SOUTH<br>MINNEAPOLIS, MN 55407                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| MULTIPLE SCLEROSIS ASSOC OF AM<br>375 KINGS HIGHWAY NORTH<br>CHERRY HILL, NJ 08034                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| MUSCULAR DYSTROPHY ASSOCIATION<br>1080 NIMITZVIEW DR 208<br>CINCINNATI, OH 45230                         | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL AUDUBON SOCIETY<br>225 VARICK ST 7TH FLOOR<br>NEW YORK, NY 10014                                    | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL BREAST CANCER COALITION<br>1101 17TH ST NW SUITE 1300<br>WASHINGTON, DC 20036                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| NATL CHILDREN'S CANCER SOCIETY<br>PO BOX 8966<br>TOPEKA, KS 66608  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL FEDERATION OF THE BLIND<br>200 EAST WELLS ST<br>BALTIMORE, MD 21230                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL FOUNDATION FOR CANCER RESEARCH<br>4600 EAST WEST HIGHWAY STE 525<br>BETHESDA, MD 20814              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |



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|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| NATL GEOGRAPHIC SOCIETY<br>PO BOX 98197<br>WASHINGTON, DC 98197  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL MULTIPLE SCLEROSIS SOC - OHIO<br>VALLEY CHAPTER<br>PO BOX 14030<br>CINCINNATI, OH 45250             | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL PARK FOUNDATION<br>PO BOX 17394<br>BALTIMORE, MD 21298  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| NATL PARKINSON FOUNDATION<br>PO BOX 5018<br>HAGERSTOWN, MD 21741   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL PARKS CONSERVATION ASSOC<br>777 6TH STREET NW SUITE 700<br>WASHINGTON, DC 20001                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATL TRUST FOR HISTORIC PRESERVATION<br>1785 MASSACHUSETTS AVE NW<br>WASHINGTON, DC 20036                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| NATL WILDLIFE FEDERATION<br>11100 WILDLIFE CENTER DRIVE<br>RESTON, VA 20190                              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NATURE CONSERVANCY<br>4245 N FAIRFAX DRIVE SUITE 100<br>ARLINGTON, VA 22203                              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NEEDIEST KIDS OF ALLPO BOX 636666<br>CINCINNATI, OH 45263  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 2,000  |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| NEW HOPE CENTER<br>228 THOMAS MORE PKWY<br>CRESTVIEW HILLS, KY 41017                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NEW PERCEPTIONS INCONE SPERTI DR<br>EDGEWOOD, KY 41017   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| NEWPORT H S ALUMNI & ASSOC CO<br>JORINE COMBS<br>126 VAN VOAST AVE<br>BELLEVUE, KY 41073                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| NEWPORT HS SCHOLARSHIP FUND<br>3648 TAMBER RIDGE DR<br>INDEPENDENCE, KY 41015                            | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| NORTHERN KENTUCKY UNIV FOUND<br>LUCAS ADMIN CENTER 221 NUNN DR<br>HIGHLAND HGHTS, KY 41099               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ONE WAY FARM - CHILDREN'S SHELTER<br>6131 RIVER ROAD - PO BOX 18637<br>FAIRFIELD, OH 45018               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| OPERATION SMILE6435 TIDEWATER DR<br>NORFOLK, VA 23509  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| OUR DAILY BREADPO BOX 14862<br>CINCINNATI, OH 45250  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| OUR LORD CHRIST THE KING<br>3223 LINWOOD AVE<br>CINCINNATI, OH 45226                                     | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| OVER-THE RHINE KITCHEN<br>PO BOX 6045<br>CINCINNATI, OH 45206  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 300    |
| PARALYZED VETERANS OF AMERICA<br>7 MILL BROOK ROAD<br>WILTON, NH 03086                                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| PARISH KITCHENPO BOX 1234<br>COVINGTON, KY 41012   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| PARKINSON DISEASE REHABILITATION CENTER<br>343 CITY VIEW PLACE<br>CINCINNATI, OH 45219                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| PARKINSON RESEARCH FOUNDATION<br>PO BOX 20256<br>SARASOTA, FL 34276                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| PARKINSON'S DISEASE FOUNDATION<br>1359 BROADWAY SUITE 1509<br>NEW YORK, NY 10018                         | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| PERKINS SCHOOL FOR THE BLIND<br>175 NORTH BEACON ST<br>WATERTOWN, MA 02472                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| POINTARC OF NORTHERN KENTUCKY<br>104 WEST PIKE ST<br>COVINGTON, KY 41011                                 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 1,500  |
| POTTERS RANCH5194 BEAVER ROAD<br>UNION, KY 41091   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| PRESBYTERIAN CHURCH OF WYOMING<br>225 WYOMING AVE<br>CINCINNATI, OH 45215                                | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| PREVENT BLINDNESS OHIO<br>1500 W THIRD AVE - STE 200<br>COLUMBUS, OH 43212                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| PRINCE OF PEACE LUTHERAN CHURCH<br>1528 RACE ST<br>CINCINNATI, OH 45202                                  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| PROSTATE CANCER FOUNDATION<br>1250 FOURTH STREET<br>SANTA MONICA, CA 90401                               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| RABBIT HASH HISTORIC SOCIETY<br>PO BOX 332<br>BURLINGTON, KY 41005                                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| REDWOOD71 ORPHANAGE ROAD<br>FT MITCHELL, KY 41017  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| ROSE GARDEN CENTER FOR HOPE<br>PO BOX 122038<br>COVINGTON, KY 41012                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ROTARY INTERNATIONAL POLIO<br>ERADICATION TASK FORCE<br>1560 SHERMAN AVE<br>EVANSTON, IL 60201           | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| SACRED HEART SOUTHERN MISSIONS<br>6050 HWY 161<br>WALLS, MS 38686  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| SALVATION ARMY1806 SCOTT BLVD<br>COVINGTON, KY 41014   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 1,000  |
| SANTA MARIA COMMUNITY SERVICES -<br>ADMINISTRATIVE OFFICE<br>2918 PRICE AVENUE<br>CINCINNATI, OH 45204   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| SCHOOL FOR CREATIVE & PERFORMING<br>ARTS<br>108 WEST CENTRAL PARKWAY<br>CINCINNATI, OH 45202             | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| SHELTERHOUSE411 GEST STREET<br>CINCINNATI, OH 45203  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| SHRINERS HOSPITAL FOR CHILDREN<br>2900 ROCKY POINT DRIVE<br>TAMPA, FL 33607                              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| SIERRA CLUB85 SECOND STREET<br>SAN FRANCISCO, CA 94105   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| SMILE TRAIN<br>41 MADISON AVENUE 28TH FLOOR<br>NEW YORK, NY 10010  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| SPCA11900 CONREY RD<br>CINCINNATI, OH 45249  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| SPECIAL OLYMPICS KENTUCKY<br>PO BOX 2300<br>FRANKFURT, KY 40602  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| SPECIAL OLYMPICS OHIOPO BOX 668<br>COLUMBUS, OH 43216  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ST BERNARD FOOD PANTRY<br>701 FIFTH AVE<br>DAYTON, KY 41074  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| ST CHARLES COMMUNITY DEVELOPMENT OFFICE<br>600 FARRELL DRIVE<br>COVINGTON, KY 41011                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| ST ELIZABETH HEALTHCARE FOUNDATION<br>1 MEDICAL VILLAGE DRIVE<br>EDGEWOOD, KY 41017                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ST JOSEPH ACADEMY48 NEEDMORE ST<br>WALTON, KY 41094  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| ST JOSEPH ORPHANAGE - OFFICE OF COMMUNITY RELATIONS<br>5400 EDALBERT DRIVE<br>CINCINNATI, OH 45239       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| ST JUDE HOSPITAL<br>PO BOX 1000 DEPT 142<br>MEMPHIS, TN 38101  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ST PAULS OUTREACH MINISTRIES<br>7 COURT PLACE<br>NEWPORT, KY 41071                                       | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| ST RITA SCHOOL FOR THE DEAF<br>1720 GLENDALE MILFORD ROAD<br>CINCINNATI, OH 45215                        | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| ST VINCENT DE PAUL NO KY - ATTN<br>EXECUTIVE DIRECTOR<br>2655 CRESCENT SPRINGS RD<br>COVINGTON, KY 41017 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| ST JOHN CHURCH627 PIKE ST<br>COVINGTON, KY 41011   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 300    |
| ST JOHN'S UNITED CHURCH OF CHRIST<br>415 PARK AVE<br>NEWPORT, KY 41071                                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment            |   |                                |                                  |        |
|---|---|--------------------------------|----------------------------------|--------|
| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)   |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |        |
| STEPPING STONES5650 GIVEN ROAD<br>CINCINNATI, OH 45243  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| STRATEGIES TO END HOMELESSNESS<br>PRINCE OF PEACE SHELTER<br>2368 VICTORY PARKWAY SUITE 600<br>CINCINNATI, OH 45206 | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| SUSAN G KOMEN FOR THE CURE -<br>GLOBAL HEADQUARTERS<br>5005 LBJ FREEWAY SUITE 250<br>DALLAS, TX 75244               | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| TALBERT HOUSE<br>2600 VICTORY PARKWAY<br>CINCINNATI, OH 45206  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| TENDER MERCIES INC<br>27 W 12TH STREET<br>CINCINNATI, OH 45202   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| TOYS FOR TOTS<br>PO BOX 227 MARINE CORPS BASE<br>QUANTICO, VA 22134                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| UNITED CEREBRAL PALSY OF GREATER CINCINNATI<br>3601 VICTORY PARKWAY<br>CINCINNATI, OH 45229              | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| UNITED WAY OF GREATER CINTI<br>11 SHELBY ST<br>FLORENCE, KY 41042  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| UNIVERSITY OF CINCINNATI HEALTH FOUNDATION<br>PO BOX 670570<br>CINCINNATI, OH 45267                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| UNIVERSITY LOUISVILLE HEMA & ONCOLOGY<br>200 E BRANDEIS AVE<br>LOUISVILLE, KY 40208                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 100    |
| UPSPRINGPO BOX 23300<br>CINCINNATI, OH 45223   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| USOPO BOX 96860<br>WASHINGTON, DC 20077  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| VENT HAVEN33 WEST MAPLE AVE<br>FT MITCHELL, KY 41011   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| VILLA MADONNA ACADEMY<br>2500 AMSTERDAM RD<br>VILLA HILLS, KY 41017                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 1,000  |
| VOLUNTEERS OF AMERICA<br>700 W PETE ROSE WAY STE 334<br>CINCINNATI, OH 45203                             | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |



| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| WELCOME HOUSE OF NORTHERN KY<br>205 PIKE STREET<br>COVINGTON, KY 41011                                   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| WILDERNESS SOCIETY1615 M ST NW<br>WASHINGTON, DC 20036   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| WISH LISTUNITED WAY<br>2400 READING ROAD<br>CINCINNATI, OH 45202   | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . . ▶ 3a</b>  |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> Paid during the year  |   |                                |                                  |        |
| WOMEN'S CRISIS CENTER<br>835 MADISON AVE<br>COVINGTON, KY 41011  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| WOOD HUDSON CANCER RESEARCH<br>931 ISABELLA ST<br>NEWPORT, KY 41071                                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| WORLD WILDLIFE FOUNDATION<br>1250 TWENTY - FOURTH ST NW<br>WASHINGTON, DC 20037                          | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| WOUNDED WARRIER PROJECT<br>4899 BELFORT RD SUITE 300<br>JACKSONVILLE, FL 32256                           | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 400    |
| WYMORE SCHOLARSHIP FUND<br>EMANUEL CHRISTIAN SEMINARY<br>MILLIGAN COLL, TN 37682                         | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 200    |
| YMCA CAMP ERNST<br>7615 CAMP ERNST RD<br>BURLINGTON, KY 41005  | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 5,000  |
| <b>Total . . . . .</b> ► <b>3a</b>   |   |                                |                                  | 69,100 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                                |                                  |        |
|--|---|--------------------------------|----------------------------------|--------|
| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  |   |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |        |
| FAIRVIEW HIGH SCHOOL - ODYSSEY OF THE MIND<br>8275 EWING BLVD<br>FLORENCE, KY 41042                      | NONE  | PUBLIC CHARITY                 | GENERAL OPERATIONS               | 500    |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |                                  | 69,100 |

**TY 2018 Distribution from Corpus Election**

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

**EIN:** 35-2389585

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

**TY 2018 Investments Corporate Stock Schedule**

**Name:** GEORGE AND MARY JO BUDIG FAMILY  
FOUNDATION C/O GEORGE J BUDIG  
**EIN:** 35-2389585

**Investments Corporation Stock Schedule**

| <b>Name of Stock</b> | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------|-------------------------------|--------------------------------------|
| CORPORATE STOCK      | 1,992,720                     | 1,992,720                            |

**TY 2018 Other Decreases Schedule**

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

**EIN:** 35-2389585

| Description             | Amount  |
|-------------------------|---------|
| UNREALIZED GAINS/LOSSES | 321,130 |

**TY 2018 Other Income Schedule**

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

**EIN:** 35-2389585

**Other Income Schedule**

| Description      | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|------------------|-----------------------------------|--------------------------|---------------------|
| GRANTS RECOVERED | 100                               |                          | 100                 |