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

Department of the Treasury Internal Revenue Service ▶Do not enter social security numbers on this form as it may be made public. ▶Go to 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 10/01/18, and ending 09/30/19Name of foundation Employer identification number The Butler Foundation 31-0981683 Number and street (or P.O. box number if mail is not delivered to street address) Boom/suite Telephone number (see instructions) 100 E. RiverCenter, Suite 1100 859-292-5500 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here KY 41011 Covington G Check all that apply: Initial return of a former public charity Initial return Foreign organizations, check h Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Chock type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) 11, 134, 737 (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chardable amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per books icash basis only 208,300 STATE STORE BELTE THE 1 Contributions, gifts, grants, etc., received (attach schedule) LEGIT THE Check ► I If the foundation is not required to attach Sch. B. SERVILL 2 7,319 7,319 3 Interest on savings and temporary cash investments 154,007 O PARK IN NO. FT 154,007 Dividends and interest from securities GET THE DAY YOUR Gross rents LEGICAL CONTRACTOR OF THE I TIME THE Net rental income or (loss) 217,626 CONACTABRET CONTRACTOR FOR Net gain or (loss) from sale of assets not on line 10 Stmt 1 EMPE THE Gross sales pice for all assets on line 6a 1,207,244 ALDEST. WELL STEELS WYPAT TA 3 Capital gain net income (from Part IV, line 2) IS THE SECTION HE WATER MENTA EN ALBINESTEE 0 医验证工作 强之时 8 Net short-term capital gain ETTERNAL MARIE ic greet 9 Income modifications HEALT LEVEL STORY DEMONIEL LAND TANKE HOWER SECTION 10a Buckley Gross sales less returns and allowances EXPECTS THE THE HEATTEN STATE WATER 医 化混光点物 Less Cost of goods sold Transfer of the second **新疆,但当其即特别** Gross profit or (loss) (attach schedule) Stmt 2 255 O E TOWN TO WHITE 11 255 Other Income (attach schedule) 587,507 RYZZ TA 379,207 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc. 13 Other employee salaries anther EIVED 14 15 Pension plans, employee-b Legal fees (attach streetle) 0 3 2020 16a (at ach schedule) Other professional fees c Interest 17 OGDEN 6,912 18 Taxes (attach schedule) (see 19 Depreciation (attach schedule) and depletion THE PERMITSE Admi 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 252,179 15,105 237,074 23 Stmt 4 Other expenses (att. sch.) Total operating and administrative expenses. Add lines 13 through 23 259,158 15,172 237,074 1,623,042 25 Contributions, gifts, grants paid 1,882,200 15,172 26 Total expenses and disbursements. Add lines 24 and 25 1,860,116 ES RECORD 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 1,294,693 M. T. M. M. M. M. PROPERTY STATE OF A STATE OF THE 364,035 Net investment income (if negative, enter -0-)

LESS BURES

For Paperwork Reduction Act Notice, see Instructions.

Adjusted net income (if negative, enter -0-)

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Form 990-PF (2018)

E	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	of year
<u></u>	. ' ei . T.	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	454,984	121,360	121,360
	2	Savings and temporary cash investments	7,498	278,813	273,813
1	3	Accounts receivable		<u> </u>	( )
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	E 3	H T FA	11. 15
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			
-1	6	Receivables due from officers, directors, trustees, and other			<del></del>
-	•	disqualified persons (attach schedule) (see			
-		instructions)			
	7	Other and and and and all all	E &	to	166
	•	A seed allowed as developed a seed as N		<del>                                     </del>	
_	8	Inventories for sale or use			
Assets	9	Orange and delegated the same		<u> </u>	
ŝ	10a	Investments U.S. and state government obligations (attach schedule)			···
٦	-		6,891,668	F 736 010	0 703 003
	b	Investments – corporate stock (attach schedule) See Stmt .5			
	C	Investments – corporate bonds (attach schedule) See Stmt 6	2,003,181		
1	11	Investments - land buildings, and equipment basis		7 77 70	1 1 1 1
		Less accumulated depreciation (attach sch.)	· · · · · · · · · · · · · · · · · · ·		
١	12	Investments – mortgage loans			
١	13	Investments – other (attach schedule)	1 /200 1	4	
	14	Land, buildings, and equipment basis	أستستنسك	A	
ı		Less accumulated depreciation (attach ach.)			
-1	15	Other assets (describe See Statement 7)	200,000	163,470	163,470
-	16	Total assets (to be completed by all filers - see the			
4		instructions. Also, see page 1, item I)	9,557,331	8,262,640	11,134,737
- [	17	Accounts payable and accrued expenses	***		
ام	18	Grants payable			F
ĕ	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
ᅙ	21	Mortgages and other notes payable (attach schedule)		····	ria.
7	22	man na a a a a a a a a a a a a a a a a a			10 Ta 10 Fig. 164
┙	23	Other liabilities (describe   Total liabilities (add lines 17 through 22)	0	0	1
-		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26, and lines 30 and 31.			3. 3. 3.
alance	24	Unrestricted			
	25	Temporanly restricted			97 1
vet Assets of Fund B	26	Permanently restricted			
틹		Foundations that do not follow SFAS 117, check here			
늰		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			9 9 9
ĕ	28	Paid-in or capital surplus, or land, bldg , and equipment fund	-		(
Š	29 A	Hetained earnings, accumulated income, endowment, or other funds	9,557,331	8,262,640	
	3014	Total net assets or fund balances (see instructions)	9,557,331	8,262,640	V
Ž	3121	Total liabilities and net assets/fund balances (see		1	
1	, ,,,,	instructions)'.	9,557,331	8,262,640	A Property
n	Part'll	Analysis of Changes in Net Assets or Fund Balances			
		not assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	st agree with		
		f-year figure reported on prior year's return)	•		9,557,331
2	C 4	and a second fine on Depth 1 and Depth 2		_	-1,294,693
3	Other	increases not included in line 2 (itemize) See Statement. 8		3	2
4	Add li	nes 1, 2, and 3	3751	4	8,262,640
		ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	o), line 30 🗽 🐯 🖎		8,262,640
-		tak it, column (t	-,,,,		5- 000-DE must

1a Pi		nd Losses for Tax on Investm the kind(s) of property sold (for example, real estat arehouse or common stock, 200 shs, MLC Co.)		(b) How acquired P = Purchase D = Donation	(c) Date acc (mo , day,	
	ublicly Traded	i Securities		P	Vario	us Various
b						
_c						
d	<u></u>					
e			1			
	(e) Gross sates price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale	(	(h) Gain or (loss) ((e) plus (f) minus (g))
а	1,207,244			989,618		217,626
b						· · · · · · · · · · · · · · · · · · ·
<u> </u>						<u> </u>
<u>d</u>			<del></del>			
e Comi	plata aplu for agrata shawin	a asia in saluma (b) and aumad bu the	foundation on 10	124/60		
Com	piete only for assets showin	g gain in column (h) and owned by the	1		li e	iaïns (Col, (h) gain minus k), but not less than O-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess of col. (i) er col. (j) if any		Losses (from col. (h))
•						217,626
_ <u>a</u>	·····	.,	<del>                                     </del>	<del> </del>		211,020
c			1			
d		<del></del>				
e					· · · · · · · · · · · · · · · · · · ·	
	<u></u>	If gain, also enter	n Part I, line 7	1		
2 Capit	al gain net income or (net c	apital loss) If (loss), enter -0-		<b>)</b>	2	217,626
3 Nets	hort-term capital gain or (los	ss) as defined in sections 1222(5) and	_	•		
		, column (c) See instructions If (loss),	• •	l		
	I, line 8			<b>,</b>	3	
Part \	/   Qualification Ur	nder Section 4940(e) for Redu		let Investment Inco	me	
f "Yes," t	he foundation doesn't qualif	tion 4942 tax on the distributable amou y under section 4940(e). Do not compl each column for each year; see the ins	ete this part.	· 		Yes X No
	(e) Base period years lendar year (or tax year beginning In)	(b)				
	ionical year to tax year cognining in	Adjusted qualifying distribution	ns Net	(c) value of nonchantable-use asse	15	Distribution ratio
	2017	· · · · · · · · · · · · · · · · · · ·		value of nonchantable-use asse		Distribution ratio (col (b) divided by col. (c))
	2017 2016	1,19	7,481	value of noncharitable-use asset	236	Distribution ratio (col (b) divided by col. (c))  0.102417
	2016	1,19	7,481	value of nonchantable-use asset 11,692, 39,941,	236 054	Distribution ratio (col. (b) divided by col. (c))  0.102417  0.112584
	<del></del>	1,19° 1,11° 73°	7,481 9,203 5,580	11,692, 9,941, 5,256,	236 054 205	Distribution ratio (cot (b) divided by cot. (c))  0.102417  0.112584  0.140135
	2016 2015	1,19° 1,11° 730 604	7,481	value of nonchantable-use asset 11,692, 39,941,	236 054 205 485	Distribution ratio (col (b) divided by col. (c))  0.102417  0.112584  0.140135  0.136297
	2016 2015 2014	1,19° 1,11° 730 604	7,481 9,203 6,580 4,136	11,692, 9,941, 5,256, 4,432,	236 054 205 485	Distribution ratio (col (b) divided by col. (c))  0.102417  0.112584  0.140135  0.136297
2 Total	2016 2015 2014 2013	1,19° 1,119 730 604	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417  0.112584  0.140135  0.136297  0.123275
3 Avera	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,119 730 604 548	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417  0.112584  0.140135  0.136297  0.123275
3 Avera	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,119 730 604 548	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (cot (b) divided by cot. (c))  0.102417  0.112584  0.140135  0.136297  0.123275
3 Avera	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,11! 730 604 54!	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (cot (b) divided by cot. (c))  0.102417  0.112584  0.140135  0.136297  0.123275
3 Avera	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,11! 730 604 54!	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417  0.112584  0.140135  0.136297  0.123275  0.614708
3 Avera the no 4 Enter	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,119 736 604 548 6 your base period - divide the total or on has been in existence if less than 5	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417  0.112584  0.140135  0.136297  0.123275  0.614708  0.122942  10,918,767
3 Avera the no 4 Enter	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,119 736 604 548 6 your base period - divide the total or on has been in existence if less than 5	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417 0.112584 0.140135 0.136297 0.123275 0.614708 0.122942
<ul><li>3 Averathe no</li><li>4 Enter</li><li>5 Multip</li></ul>	2016 2015 2014 2013  of line 1, column (d) age distribution ratio for the lumber of years the foundation the net value of nonchantal oly line 4 by line 3	1,19° 1,119 730 604 548 609 548 609 548 609 548 609 609 609 609 609 609 609 609 609 609	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417 0.112584 0.140135 0.136297 0.123275 0.614708 0.122942 10,918,767
<ul><li>3 Averathe no</li><li>4 Enter</li><li>5 Multip</li></ul>	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,11! 730 604 54! 6 your base period - divide the total or on has been in existence if less than 5 ble-use assets for 2016 from Part X, lin	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186	Distribution ratio (col (b) divided by col. (c))  0.102417 0.112584 0.140135 0.136297 0.123275 0.614708 0.122942 10,918,767
<ul><li>3 Avera the not</li><li>4 Enter</li><li>5 Multip</li><li>6 Enter</li></ul>	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,11! 730 604 54! 6 your base period - divide the total or on has been in existence if less than 5 ble-use assets for 2018 from Part X, line (1% of Part I, line 27b)	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186 2 3 4 5	Distribution ratio (cot (b) divided by cot. (c))  0.102417 0.112584 0.140135 0.136297 0.123275 0.614708 0.122942 10,918,767 1,342,375
<ul><li>3 Avera the not</li><li>4 Enter</li><li>5 Multip</li><li>6 Enter</li></ul>	2016 2015 2014 2013  of line 1, column (d)	1,19° 1,11! 730 604 54! 6 your base period - divide the total or on has been in existence if less than 5 ble-use assets for 2018 from Part X, line (1% of Part I, line 27b)	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186 2 3 4 5	Distribution ratio (cot (b) divided by cot. (c))  0.102417 0.112584 0.140135 0.136297 0.123275 0.614708 0.122942 10,918,767 1,342,375
3 Avera the not the no	2016 2015 2014 2013  of line 1, column (d) age distribution ratio for the fumber of years the foundation the net value of nonchantal oly line 4 by line 3  1% of net investment incomines 5 and 6	1,19° 1,119 736 604 548 6 your base period - divide the total or on has been in existence if less than 5 ble-use assets for 2018 from Part X, line (1% of Part I, line 27b)	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186 2 3 4 5	Distribution ratio (cot (b) divided by cot. (c))  0.102417  0.112584  0.140135  0.136297  0.123275  0.614708  0.122942  10,918,767  1,342,375  3,640  1,346,015
3 Avera the not the no	2016 2015 2014 2013  of line 1, column (d) age distribution ratio for the fumber of years the foundation the net value of nonchantal ply line 4 by line 3  1% of net investment incomines 5 and 6  qualifying distributions from	1,19° 1,11! 736 604 548 6 your base ponod - divide the total or on has been in existence if less than 5 ble-use assets for 2018 from Part X, line (1% of Part I, line 27b)	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186 2 3 4 5 6	Distribution ratio (cot (b) divided by cot. (c))  0.102417  0.112584  0.140135
3 Avera the not the no	2016 2015 2014 2013  of line 1, column (d) age distribution ratio for the fumber of years the foundation the net value of nonchantal ply line 4 by line 3  1% of net investment incomines 5 and 6  qualifying distributions from	1,19° 1,119 730 604 548 609 548 609 548 609 548 609 609 609 609 609 609 609 609 609 609	7,481 9,203 5,580 4,136 3,967	11,692, 9,941, 5,256, 4,432, 4,453,	236 054 205 485 186 2 3 4 5 6	Distribution ratio (cot (b) divided by cot. (c))  0.102417  0.112584  0.140135  0.136297  0.123275  0.614708  0.122942  10,918,767  1,342,375  3,640  1,346,015

3	1	_	n	9	R	1	6	R	3

Page 4

	irt.VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	l	age 4	
	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A" on line 1.	r 2 " 7" :	P 41 - 1	í
10	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	***	امن	l
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	640	i
-	here ► X and enter 1% of Part I, line 27b		7 7	i
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		· C	ĺ
Ŭ	Part I, line 12, col. (b)	~		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		O	
3	Add lines 1 and 2	3 .	640	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0	
5	Tay happed on investment income Subtract line 4 from time 3. If your or lone, onter 0.	3.	640	
6	Credits/Payments	7	7 ,7	
а	2018 estimated tax payments and 2017 overpayment credited to 2018		. "	ł
b	Exempt foreign organizations – tax withheld at source	, <u> </u>		
С	Tax paid with application for extension of time to fite (Form 8868)	**	* .: }	
d	Backup withholding erroneously withheld 6d 6d		. 4	
7	Total credits and payments Add lines 6a through 6d	8,	000	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	4,	360	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 4,360 Refunded ▶ 11			
- Pa	rt.VII-A\\ Statements Regarding Activities			
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	· Yes	No	
	participate or intervene in any political campaign?	1a	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition .	1b	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	[6]   H. J.	1 1	
	published or distributed by the foundation in connection with the activities	أخذا عنا	لنيا	
C	Did the foundation file Form 1120-POL for this year?	1c	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	18.03		
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$		5.1	,
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		! 3	
_	on foundation managers  \$		-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?.  If "Yes," attach a detailed description of the activities.	2	\ <u>^</u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b		4b	<del>  ^</del>	
5	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	x	
	If "Yes," attach the statement required by General Instruction T.	1 4 5 4	. 7	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1: .1	
	By language in the governing instrument, or		12	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		1 1	
	conflict with the state law remain in the governing instrument?	6 X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 X		
8a	Enter the states to which the foundation reports or with which it is registered. See Instructions.	J. alk.	1 21	
	OH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation See Stmt 9	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ئے ایک	1.0	_/
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV II "Yes,"			
	complete Part XIV	9	X	()
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		I	~
	names and addresses	10	X	

N/A

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

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?

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

foundation had excess business holdings in 2018 }

FONTS 990-PF (2018)

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	1990-PF (2018) The Butler Foundation		138T983			<u> </u>	'age b
P	art VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)			<del></del> -
5a	. During the year did the foundation pay or incur any amount to.			_	<u> </u>	Yes	No
	(1) Carry on propaganda, or othorwise attempt to influence legislation (section 4	1945(c))?		Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955); or t	•		_		•	
	directly or indirectly, any voter registration drive?		🔲	Yes X No			•
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	1		Yea 🗓 No			1 1
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		_	li		
	section 4945(d)(4)(A)? See instructions			Yes X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or				l 1		
	purposes, or for the prevention of cruelty to children or animals?		🔲 '	Yes 🗓 No			}
b	If any answer is "Yes" to 5a(1) (5), did any of the transactions fail to qualify under	or the exceptions d	loscribed in				[ ]
	Regulations section 53.4945 or in a current notice regarding disaster assistance	? See instructions	*****	N/A	5b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check he	ore	**!******	▶ 🔲		,	
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax					'
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes 🗌 No			!
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)						l. ì
<b>6</b> a	Did the foundation, during the year, receive any funds, directly or indirectly, to po	ıy premiums					- i
	on a personal benefit contract?		🔲	Yes 🔀 No	.		
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit conti	ract?		Сb		X
	If "Yes" to 6b, file Form 8870.		_		<u>'</u>		
7 <b>a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shi	oltor transaction?		Yea 🗓 No			. <sub>-</sub> ;
b	If "Yes," did the foundation receive any proceeds or have any net income attribut	able to the transac	ction?	N/.A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,	000,000 in		<b>6</b>		ŀ	{
	remuneration or excess parachute payment(s) during the year?	.,., .,.,.,	<u> '</u>	Yes X No			
Pa	art,VIII ] Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
	and Contractors			· · · · · · · · · · · · · · · · · · ·			
<u> 1 L</u>	list all officers, directors, trustees, and foundation managers and their comp	ensation. See ins	structions.				
	(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		ense ad r allowar	
Se	e Attached Statement						
		0.00			1	•	
		0.00					
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00					
2	Compensation of five highest-paid employees (other than those included o "NONE."	n line 1 – see Ins	tructions). If nor	e, enter			
	(a) Name and address of each employee pa'd more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation		ense ac r allowar	
NO	NB						
٠							
•••							
		<u> </u>		<u> </u>			ō

Form 990-PF (2018) The Butler Foundation 31-	0981683		Page <b>7</b>
[Part VIII] Information About Officers, Directors, Trustees, Foundation Ma		mploy	ees,
and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. See instructions. If n	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
Corporex Realty & Investment Covington 100 E. RiverCenter KY 41011	Management		225,000
			0
· · · · · · · · · · · · · · · · · · ·			
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 charilable activities during the tax year. (include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	er of		Ехрепаво
1 N/A			
2			
3			
4	i i	····	
I (Bartilly B.7) Common of Draway Balatad Investments (see instructions)	ļ		
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 thes 1 and 2.			Amount
1 N/A			-MP-Grit
2			
	·· ·· <b>:</b> ···· ····		
All other program-related investments. See instructions		-	
3			

Total. Add lines 1 through 3

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Enter 1% of Part I, line 27b See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2018)

1,856,476

1,860,116

3,640

За

3b

4

P	art XIII Undistributed Income (se	ee instructions)	l <u></u>			
1	Distributable amount for 2018 from Part Xt,		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
	line 7			•		578,828
2	Undistributed income, if any, as of the end of	f 2018:	ı ,	5	<u> </u>	,
а	Enter amount for 2017 only		,	<u> </u>		
b		. 20			•	
3	Excess distributions carryover, if any, to 2018	8:			,	
а	From 2013	336,808	<u>.</u> -	,	i .	Ş
ь	From 2014	394,213			, -	,
C	From 2015	475,208	,		~	
d	From 2016	628,776		·		-
ę	From 2017	619,781	l Announcement and according to	5	ē	
f	Total of lines 3a through e		2,454,786			
4	Qualifying distributions for 2018 from Part XII	١.	-			<b>.</b>
	line 4. ▶ \$1,860,116					
а	Applied to 2017, but not more than line 2a		<i></i>			
b	Applied to undistributed income of prior years		<i>y</i> ,		,,	ſ
	(Election required – see instructions)	**** *********			1 -	1
C	Treated as distributions out of corpus (Election	วก		, ,	,	
	required – see instructions)					
đ	Applied to 2018 distributable amount		·	s	ļ	578,828
e	Remaining amount distributed out of corpus		1,281,288	•		
5	Excess distributions carryover applied to 201	8				
	(If an amount appears in column (d), the same	ne				?
	amount must be shown in column (a) )					, <b>,</b>
6	Enter the net total of each column as			}	'	r
	indicated below:	[,		,		
a	Corpus. Add lines 3f, 4c, and 4e. Subtract lin	e 5 L	3,736,074	1		
b	Pnor years' undistributed income. Subtract	-	•		٠,	
	line 4b from line 2b				1	
C	Enter the amount of prior years' undistributed	! <u> </u>			<u>`</u>	U.
	income for which a notice of deficiency has		!		, ,	-
	been issued, or on which the section 4942(a)	I .			, S	-
	tax has been previously assessed		F			
d	Subtract line 6c from line 6b Taxable				•	, -
	amount - see instructions					
е	Undistributed income for 2017 Subtract line		,			`
	4a from line 2a Taxable amount - see		•	- 3 -		
	instructions	, , , ,				
f	Undistributed income for 2018. Subtract lines	<b>;</b>		<b>`</b>		
	4d and 5 from line 1. This amount must be		,	_		
	distributed in 2019	.,				0
7	Amounts treated as distributions out of corpu	s			• *	(1)
	to satisfy requirements imposed by section			· _ ·	<b>)</b>	* 1
	170(b)(1)(F) or 4942(g)(3) (Election may be	İ		-	i,	,
	required—see instructions)				, ,	
8	Excess distributions carryover from 2013 not				1	
	applied on line 5 or line 7 (see instructions)		336,808	1, 1, 2, 0,	. 5	3
9	Excess distributions carryover to 2019.			,	F	
	Subtract lines 7 and 8 from line 6a		3,399,266	1	1 ·	*
10	Analysis of line 9		3		]~	٠ ـ ا
a	Excess from 2014	394,213	4	, , , , , , , , , , , , , , , , , , , ,	_	7
b	Excess from 2015	475,208	, 1	, ,	-	، ، و
C	Excess from 2016	628,776	,	, u	`	<u>+</u>
d	Excess from 2017	619,781	-	į ,		
e	Excess from 2018	1,281,288		- "	-	4

1/P8	art XIV# Private Operating Fol	undations (see in	<u>istructions and Pa</u>	rt VII-A, question	9)	
1a	If the foundation has received a ruling or		•	iting		
	, foundation, and the ruling is effective for					
b	Check box to indicate whether the found		ating foundation descri		942(j)(3) or 494	2(j)(5)
2a	Enter the lesser on the adjusted net	Tax year		Prior 3 years	1	(e) Total
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	investment return from Part X for		[	1		
	each year listed		1			
b	85% of line 2a				-	
С	Qualifying distributions from Part XII,		İ			
	line 4 for each year listed			<del>                                     </del>		
d	Amounts included in line 2c not used directly		1			_
	for active conduct of exempt activities			<del></del>		
е	Qualifying distributions made directly		Į.	1		
	for active conduct of exempt activities					
•	Subtract line 2d from line 2c			<u> </u>		
3	Complete 3a, b, or c for the					
	alternative test relied upon "Assets" alternative test – enter					
8	(1) Value of all assets		\	<b>\</b>		
	(2) Value of assets qualifying under					•
	section 4942(j)(3)(B)(i)					1
ь	"Endowment" alternative test – enter 2/3					
-	of minimum investment return shown in			\	_	
	Part X, line 6 for each year listed					
c	"Support" alternative test - enter			<u> </u>		
-	(1) Total support other than gross			ļ		
	investment income (interest,					
	dividends, rents, payments on					
	secunties loans (section					$\setminus$
	512(a)(5)), or royalties)					<del></del>
	(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			<u> </u>		
₽ P,a	irt XV/I Supplementary Inform			the foundation h	ad \$5,000 or more	e in assets at
	any time during the ye		tions.)	· · · · · · · · · · · · · · · · · · ·		
1	Information Regarding Foundation Ma					
a	List any managers of the foundation who					
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000).	(See section 507(d)(2	).)	
	NONE	4001	154 - 1 - 4			
Ь	List any managers of the foundation who		•		e portion of the	
	ownership of a partnership or other entity <b>NONE</b>	) of which the foundar	lion has a Torasor grea	der interest		
2	Information Regarding Contribution, G	Crost Citt Loop Sal	solarobia eta Broas			
4	Check here ► ☐ if the foundation only				tops not accept	
	unsolicited requests for funds. If the foun		•			
	complete items 2a, b, c, and d See instru		arito, etc., to marrioda	is or organizations and	or other conditions,	
	The name, address, and telephone numb		if the nerson to whom:	applications should be	addressed	
•	Barbara Schaefer 859		i the person to unom	applications should be	adarcossa	
	100 E. RiverCenter,		Covington	KY 41011		
b	The form in which applications should be					
~	See Statement 10	Sabilition and illioning	ation and materials in	oy onodia molada	`	
c	Any submission deadlines.				<del></del>	· · · · · · · · · · · · · · · · · · ·
_	October 1, and March	1.				
d	Any restrictions or limitations on awards,		ical areas, charitable fi	elds, kinds of institutio	ns, or other	
,	factors.	-, Ggp	,			
	Northern Kentucky Ar	ea, for the	e underpriv	ileged.		
		<del></del> -	·			5 990-PE (2010)

F Part XV網 Supplementary Information (continued) 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid dunng the year Action Ministries N/A Pub Charity Program Support Covington KY 8,000 Alliance for Catholic Urban Educati N/A Pub Charity Tuition Assistance Covington KY 50,000 Associacion Sol y Luna N/A Pub Charity Cusco Peru Program Support 14,800 BAWAC, Inc. N/A Pub Charity Florence KY Program Support 10,000 Be Concerned N/A Pub Charity Covington KY Operating & Program Support 12,223 Boys & Girls Clubs of Greater Cinci N/A Pub Charity Cincinnati OH Program Support 15,000 Brighton Center N/A Pub Charity Newport KY Program Support 36,622 Brighton Center, Fiscal Agent For Pub Charity The Safety Net Alliance N/A Newport KY Operating support 2,333 Campbell County Schools N/A Pub Charity Newport KY Program Support 5,400 Care Net Pregnancy Services of N KY N/A Pub Charity Florence KY Operating Support 2,500 1,623,042 Total Approved for future payment N/A **≥** 3b Total

Name and address (home or business)  a Paid dunng the year CASA for Kids of Kenton Covington KY	·
Name and address (home or business)  a Paid duning the year CASA for Kids of Kenton  Covington KY  Catholic Charities, Inc.  Covington KY  Cov	Amount
CASA for Kids of Kenton  Covington KY  Catholic Charities, Inc.  Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation	
Covington KY  Catholic Charities, Inc.  N/A  Covington KY	
Covington KY  Covington KY  Children Inc.  N/A  Covington KY  Covington KY  Children's Home of Northern KY  Covington KY  Covington KY  Covington KY  Covington KY  Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation	: 15,000
Covington KY  Children Inc.  Covington KY  Covington KY  Children's Home of Northern KY  Covington KY  Covington KY  Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation	
Covington KY  Children's Home of Northern KY  Covington KY  Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation	26,684
Covington KY  Children's Home of Northern KY  N/A  Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation  Operating Support  Pub Charity  Pub Charity  Program Support	
Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation	2,432
Covington KY  Cincinnati Works  Cincinnati OH  CincySmiles Foundation  Operating Support  Pub Charity  Program Support	
Cincinnati OH  CincySmiles Foundation  N/A  Pub Charity  Program Support	25,000
CincySmiles Foundation	
	10,000
N/A Pub Charity	
Cincinnati OH Program Support	5,000
Congregation of Divine Providence	
Melbourne KY Pub Charity Operating Support	10,000
Covington Catholic High School N/A Pub Charity	
Covington KY Scholarship Support	70,000
Covington Independent Schools N/A Pub Charity	
Covington KY Program Support1	12,411
Covington Ladies Home N/A Pub Charity	
Covington KY Operating Support	5,000
lotal ▶ 3a	
b Approved for future payment N/A	
N/A	
<b>,</b> , , , , , , , , , , , , , , , , , ,	
]	
;o	
Total	1

Part XVA Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an Individual; Foundation Recipient show any relationship to Purpose of grant or status of Amount any loundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Covington Parthers In Prevention Pub Charity N/A Covington KY Operating Support 2,500 Crayons To Computers N/A Pub Charity Cincinnati OH Operating Support 5,000 DCCH Center for Children N/A Pub Charity Covington KY Program Support 25,000 DePaul Cristo Rey High School Pub Charity N/A Cincinnati OH Program Support 17,000 ECHO/Hosea House N/A Pub Charity Newport KY Operating & Program Support 862 Emergency Shelter of Northern KY N/A Pub Charity Covington KY Operating Support 26,000 Erlanger/Elsmere Schools Pub Charity N/A Erlanger KY Program Support 14,265 Faith Community Pharmacy N/A Pub Charity Florence KY Operating & Program Support 700 Family Promise of Northern KY N/A Pub Charity Newport KY Program Support 19,263 Gateway Community College N/A Pub Charity Scholarship Support Florence KY 45,720 Total Approved for future payment N/A **▶** 3b Total as were also made to the state of the

**₽Part XV** Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient Purpose of grant or show any relationship to Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Good Samaritan Hospital Foundation Pub Charity N/A Cincinnati OH Program Support 25,000 Henry Hosea House N/A Pub Charity Program Support Newport KY 1,987 Holy Cross High School N/A Pub Charity Scholarship Support Covington KY 90,000 Horizon Community Funds N/A Pub Charity Covington KY Operating Support 1,000 Housing Opportunities of North KY N/A Pub Charity Covington KY Operating Support 6,000 Ida Spence United Methodist Mission Pub Charity N/A Covington KY Program Support 6,000 Legal Aid of the Bluegrass N/A Pub Charity Covington KY Program Support 2,500 Life Learning Center N/A Pub Charity Covington KY Operating & Program Support 207,543 Madison Avenue Christian Church N/A Pub Charity Covington KY Program Support 13,376 Madonna House of NKY N/A Pub Charity Ft. Mitchell KY Program Support 2,394 ▶ 3a Approved for future payment N/A 

I Part XVII Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approved fo	or Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation Status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Facipient		
a Paid during the year				
Mary Rose Mission	(-	2 2		•
Florence KY	N/A	Pub Charity Operating	g Support	2,000
Master Provisions			1	
114561 116415	N/A	Pub Charity		
Florence KY			Support	15,000
Mental Health America of N	KY			
	N/A	Pub Charity	-	
Covington KY	1	· -	n Support	2,000
_				
Mentoring Plus			+	
_	N/A	Pub Charity	]	
Newport KY		Operating	Support	15,000
<del>-</del>		-	[	
Newport Central Catholic H	igh Schoo	1		
<del>-</del>	N/A	Pub Charity	i	
Newport KY	'	Scholarship	Support	90,000
•		1		·
Newport Independent School	l B			
•	N/A	Pub Charity	İ	
Newport KY	)	Scholarship	Support.	3,937
-		•	**	
NKCAC			i	
	N/A	Pub Charity		
Covington KY		Program	n Support	7,312
		_	}	
Northern Kentucky Harvest				
	N/A	Pub Charity		
Cold Spring KY	1	Program	n Support	3,000
	i			
Northern KY Area Develop D				
	N/A	Pub Charity		
Crestview Hills KY		Program	n Support	54,093
Northern KY Independent He				
	N/A	Pub Charity		
Florence KY	<u> </u>	Program	n Support	2,500
Total	<u> </u>	γ· · · · · · · · · · · · · · · · · · ·	, ▶ 3a	
b Approved for future payment				
N/A				
	Ì		l	
			l	•
		1	ŀ	
			l	
Total .	entare exist properties and a	to : 500 to : 1 to -19 . 3	<u> 3b.</u>	

<u>FiPart:XVII</u> Supplementary Information (d 3 Grants and Contributions Paid During	continued) the Year or Approved for	r Future Payment		
	If recipient is an individual,	Foundation		
Recipient	show any relationship to any foundation manager	roundation ∴status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
Northern KY University Fou				
	N/A	Pub Charity		
Highland Heights KY		Scholarshi	p Support	50,000
NorthKey Community Care				
Holdiney Community Care	N/A	Pub Charity		
Ft. Thomas KY	.,		m Support	13,140
		1	T. 2-FF	,
Notre Dame Academy				
	N/A	Pub Charity		
Covington KY		Scholarshi	p Support	66,000
Bandah wakanin				
Parish Kitchen	N/A	Pub Charity		
Covington KY	N/A		g Support	2,000
coving con ki		Operacin	a pubbone	2,000
People Working Cooperative	İv			
	N/A	Pub Charity	1	
Covington KY		Operatin	g Support	20,000
-1.15				
Philanthropy Roundtable		D. 1. (1)		
Washington DC	N/A	Pub Charity Operatin	g Support	15,000
washington be		Operatin	a subborc	15,000
Redwood				
	N/A	Pub Charity		
Covington KY		Progra	n Support	10,000
Rose Garden Home Mission	) ) )	Dub Obaniba		
Covington KY	N/A	Pub Charity Operatin	g Support	11,000
covington ki		Operacin	y support	11,000
Salvation Army			1	
-	N/A	Pub Charity		
Newport KY		Progra	n Support	7,351
	3			
Society of St. Vincent DeP	aut-NKY N/A	Pub Charity	1	
Crescent Springs KY		m & Operatin	g Support	192,983
Total	rrogre	u operacin	3a ≥ 3a	1,72,703
b Approved for future payment	<u> </u>			
N/A				
		٠.		
				ī
			] ]	
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Total	. C. C. et and St W. W. L. and		-Mall: ▶ 3b	- 000 PF

部PartiXV為 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient Purpose of grant or show any relationship to Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year St. Augustine Parish Outreach N/A Pub Charity Covington KY Program Support 25,490 St. Bernard Food Pantry N/A Pub Charity Dayton KY Operating Support 2,000 St. Charles Care Center N/A Pub Charity Covington KY Operating Support 3,000 St. Elizabeth Foundation N/A Pub Charity Edgewood KY Program Support 8,168 St. Elizabeth Physicians N/A Pub Charity Covington KY Program Support 20,800 TEAM Kenton Foundation N/A Pub Charity Ft. Wright KY Program Support 5,033 The Carnegie N/A Pub Charity Covington KY Program Support 10,000 The Point/ARC of NKY N/A Pub Charity Covington KY Program Support 10,000 Thomas More College N/A Pub Charity Crestview Hills KY Scholarship Support 43,750 United Christian Volunteer N/A Pub Charity Erlanger KY Program Support 200 Total ▶ 3a Approved for future payment N/A Total gravity of the first and the first and the first of the second of the control of the first than the first of

k Part XVII Supplementary Information (c	continued)			
3 Grants and Contributions Paid During		Future Payment	1	
Recipient	If recipient is an individual show any relationship to the any foundation manager (	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year United Ministries	N/A			
Erlanger KY		Progra	n Support	10,000
United Way of Greater Cinc	innati N/A	Pub Charity		*
Cincinnati OH			n Support	10,000
UpSpring	N/A	Pub Charity		
Cincinnati OH		m & Operatin	Support	20,000
VFW Foundation	N/A	Pub Charity		
Covington KY		Operatin	g Support	3,150
Welcome House	N/A	Pub Charity		
Covington KY	Opera	ing & Progra	n-Support	17,324
Women's Crisis Center	N/A	Pub Charity	_	
Hebron KY		Progra	n Support	1,296
:				
Total	*.*	<u> </u>	 	
b Approved for future payment	*:::	<u> </u>	, P 38	
N/A				
			}	
Total	4 11 4 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	operation of the second	प्राप्तक, <b>► 3b</b>	

	Part XVI-A	Amalysis of Income-Producing Act	tivities				
		nounts unless otherwise indicated.	1	ed business income	Exclude	d by section 512, 513, or 514	4-1
	-·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program se	ervice revenue					(See Instructions )
	a				- <del> </del>		
							<del> </del>
					<u> </u>		
			<b>-</b>		<del></del>		
					+		
	f	and contracts from accurrement appropria	<del>                                     </del>			-	
2		nd contracts from government agencies	<u> </u>		+		
2		p dues and assessments savings and temporary cash investments	<b></b>	 	14	7,319	
4		and interest from securities			14	154,007	
5		ncome or (loss) from real estate.					
Ť		nanced property			1		
	b Not del	bt-financed property				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
6	Net rental i	ncome or (loss) from personal property					
		stment income			1	255	
8	Gain or (los	ss) from sales of assets other than inventory			18	217,626	
9	Net income	or (loss) from special events					
10	Gross profi	t or (loss) from sales of inventory					
11	Other rever	nue a			<u> </u>		
	b				ļ		
					-		
	d						
	e					270 207	
		dd columns (b), (d), and (e)		<u>                                     </u>		379,207	270 207
13	I Otal. Add	line 12, columns (b), (d), and (e)					379,207
	Part XVI-B	t in line 13 instructions to verify calculations.)  Relationship of Activities to the Activities to th	complishm	ent of Evennt B	urnose		
	Line No.	Explain below how each activity for which income					
	<b>▼</b>	accomplishment of the foundation's exempt purpo					
	N/A						
			·				
_	_						
						<del></del>	
_			<del></del>				
	<del></del>	· · · · · · · · · · · · · · · · · · ·				,	
_							
_		<del> </del>					<u></u>
					<del></del>		<del> </del>
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						<del></del>	······································
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Part XVIII	Information Reg Organizations	arding Trar	nsfers To and	d Transactio	ons and Relationshi	ps With Noncharita	ible Exe	mpt
1 Did the org		irectly engage	in any of the foll	owing with any	other organization describ	ed		Yes No
	501(c) (other than sect							
organizatio	• • •	, ,, ,			•			•
•	from the reporting found	dation to a non	chantable exemp	ot organization	of			,
(1) Cash			0	•			1a(1)	X
(2) Other:	accote	•					10(2)	X
<b>b</b> Other trans							10(2)	
		abla avamet a	rassization				15/1)	х
	of assets to a nonchant				*********************	***********		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	ases of assets from a no			on		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	of facilities, equipment	-	ts	*******				X
• •	oursement arrangements	5 .	*******	, ,,,,,,,,		***************************************		X
	or loan guarantees		*********					X
	mance of services or m	•	_	*****				X
c Sharing of	facilities, oquipment, m	alling lists, oth	ier assets, or paid	d employees 🔒			10	X
d If the answ	ver to any of the above i	s "Yes," comp	lete the following	schedule Colu	ımn (b) should always sho	w the fair market		
value of th	e goods, other assets, o	or services give	en by the reportin	ng foundation I	f the foundation received I	ess than fair market		
value in an	ny transaction or sharing	arrangement,	show in column	(d) the value o	f the goods, other assets,	or services received		
(a) Line no.	(b) Amount involved	(c) Name o	ol noncharilable exemp	ot organization	(d) Description of tr	ansfers, transactions, and sharing	arrangement	s
N/A								
							•	
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~ <del>~~</del>				·				
•								
described in the descri	dation directly or indirection section 501(c) (other omplete the following sc (a) Name of organization	than section 5		ction 527?		c) Description of relationship	Yes	No
N/A		<del></del>	, , ,,			· · · · · · · · · · · · · · · · · · ·		
		<del></del>		· · · · · · · · · · · · · · · · · · ·	<b>T</b>			
		<del>  </del>			<u> </u>			
			<del></del>			<del></del>		<del></del>
Undern	enallies of penury. I declare th	at I have examine	d this return including	accompanying ed	ledules and statements, and to the	ie best of my knowledge and hel	ef, it is true	
					which preparer has any knowled $3/17/20$	ge May the IRS d	iscuss this retu	ow?
Sigi	nature of officer or trustee			Date	Titl	9		
Print	Type preparer's name			Preparer's signal	ure .	Date	1,	Check if
reparer Aaro	n Hershberger			arrond	Hushberger		6/2020	
Fum's	name ► BKD	LLP "	·				009618	
se Only	address > 312 V	Nalnut S	struet, su	146 3000	,	Firm's EIN ▶ 44	-016	0260
	Cinci	innati,	OH 4520	2		Phone no 51	3-621	-8300
							Form <b>99</b> (	)-PF (2018

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Name of the organization **Employer Identification number** The Butler Foundation 31-0981683 Organization type (check one). Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts it and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/5% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year 

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

The Butler Foundation

Employer Identification number 31-0981683

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Commonwealth Hotels, LLC 100 E. RiverCenter Covington, KY 41011	s 24,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.2	Corporex Companies, LLC 100 E. RiverCenter Covington, KY 41011	\$ 182,300	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* *21 12		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
****		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$ <u></u>	Person Payroll Noncash (Complete Part II for noncash contributions)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

The Butler Foundation

Employer identification number 31-0981683

Part il	Noncash Property (see instructions). Use duplicate	e copies of Part II if additional s	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
•		\$	••••••
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
• • • • • • • • • • • • • • • • • • • •		\$,	- ,,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
F 117111		\$,.	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	•
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
• • • • • • • • • • • • • • • • • • • •		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.}	(d) Date received
, , , , , ,		\$	

Employer identification number Name of organization The Butler Foundation 31-0981683 Part'III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, chantable, etc. contributions of \$1,000 or less for the year (Enter this information once See instructions.) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fram Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FYE: 9/30/2019

## Federal Statements

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	263 216	\$ 217,626	
	Depreciation		0	
	Expense		0	
	Cost	989 618	989,618	
How Received	Sale Price	Purchase	1,207,244 \$	
	Date Sold	9/24/19 \$		
Description	Date Acquired	Various		
	Whom Sold	Charles Schwaab	Total	

# Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	ē	Net Investmer Income	et Investment Income	Adju	djusted Net Income
Miscellaneous	\$ 25	355	Ş	255	\$	255
Total	\$	255	\$	255.	\$	255

## Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	w w
Adjusted Net	\$ \$
Net Investment	\$ . \$
Total	\$ 6,912
Description	Taxes Total

## Federal Statements

Charitable Purpose	\$ 8,500 131 2,399 225,000 1,044 \$ 237,074	Fair Market  Value \$ 8,703,803 \$ 8,703,803	Fair Market Value \$ 1,090,506 781,785
Adjusted Net	0	Investments Basis of Valuation Cost	Basis of Valuation Cost
Net Investment	15,105	b - Corporate Stock  End of  Year  \$ 5,736,819  \$ 5,736,819	End of Year \$ 1,166,931
Total	\$ 8,500 15,105 131 2,399 225,000 1,044 \$ 252,179 \$	Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments           Beginning of Year         End of Year         Basis of Valuation           \$ 6,891,668         \$ 5,736,819         Cost           \$ 6,891,668         \$ 5,736,819         Cost	Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments           Beginning of Year         End of Year         Valuation Valuation           \$ 1,194,086         \$ 1,166,931         Cost           \$ 2,003,181         \$ 1,962,178
Description	Expenses    Technology Expense    Investment Fees    Fees on Checking    Program Expense    Management Expense    Administrative Expenses	Statement 5 - For Description Charles Schwaab Total	Statement 6 - F.  Description Charles Schwaab Charles Schwaab Total

## 3000 The Butler Foundation 31-0981683

FYE: 9/30/2019

## **Federal Statements**

## Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year	_	Fair Market Value
Program Related Investment	\$ 200,000	\$ 163,470	\$	163,470
Total	\$ ,200,000	\$ 163,470	\$_	163,470

## Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases

Descrip	<u>tion</u>	 Amount
Rounding		\$ 2
Total		\$ 2

## Statement 9 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description

This form is not required to be filed in Ohio.

6 ô ŏ 0 ó Ó, 0 o. ¢ Expenses **o**) Ģ. õ) Ö ó oĩ. ωĠ, ó O Benefits Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. ŏ Ö ö. εĢ ŏ Ó. ó. Compensation O O Federal Statements 2.00 1.00 Average Hours 1.00 1.50 ÷0.50 32.00 1.00 1.00 00.10 Executive Di Vice-Chair Treasurer Title Trustee Trustee Trustee Trustee Trustee Chair 3000 The Butler Foundation Name and Address Tom Banta 100 E. RiverCenter Covington KY 41011 100 E. RiverCenter Marty Butler 100 E. RiverCenter 100 E. RiverCenter Covington KY 41011 Barbara Schaefer 100 E. RiverCenter Amanda Kolar 100 E. RiverCenter Mary S. Butler 100 E. RiverCenter 100 E. RiverCenter Bob Klare 100 E. RiverCenter Covington KY 41011 Covington KY 41011 Covington KY 41011 Covington KY 41011 Covington KY 41011 Covington KY 41011 Covington KY 41011 William P. Butler Christa Butler FYE: 9/30/2019 Kevin Butler 31-0981683

**\$** 

3000 The Butler Foundation 31-0981683

FYE: 9/30/2019

## **Federal Statements**

Name of Manager	Amount
NONE '	\$
Total	\$0
Form 990-PF, Part XV, Line 1b - Manage	ers Who Own 10% or More Stock
Name of Manager	Amount
NONE	·· \$
Total	\$0
	pplication Format and Required Conte
Description  A letter indicating request, Tax I.D. Number confirming tax-exempt status, and recent fine	, IRS letter
Description  A letter indicating request, Tax I.D. Number confirming tax-exempt status, and recent find	, IRS letter ancial
Description  A letter indicating request, Tax I.D. Number confirming tax-exempt status, and recent fine statements.	, IRS letter ancial
Description  A letter indicating request, Tax I.D. Number confirming tax-exempt status, and recent fina statements.  Form 990-PF, Part XV, Line 2c - Description	, IRS letter ancial
Description  A letter indicating request, Tax I.D. Number confirming tax-exempt status, and recent fina statements.  Form 990-PF, Part XV, Line 2c - Description	, IRS letter ancial - Submission Deadlines
Description  A letter indicating request, Tax I.D. Number confirming tax-exempt status, and recent find statements.  Form 990-PF, Part XV, Line 2c -  Description  October 1, and March 1.	, IRS letter ancial - Submission Deadlines