

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

	-	dar year 2010, or tax year beginning DEC		, and e		DEC 31, 2010	
G C	heck	all that apply: X Initial return	Initial return of a for	•	harity	Final return	
_		Amended return	Address chang	е		Name change	
Nan	ne of	foundation				A Employer identification	number
ļ		FA DIRMITTA FAIRMINTA	37			07 4100010	
<u> </u>		58 PARTNERS FOUNDATIO			r <u> </u>	27-4199218	
Num	ber ar	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	0.0
<u> </u>		2500 FARMERS DRIVE	<u> </u>		μ40	614-923-47	
City	or to	own, state, and ZIP code COLUMBUS, OH 43235				C If exemption application is p	
<u></u>		11	verset e receta formadation			D 1. Foreign organizations 2. Foreign organizations me check here and attach co	eting the 85% test,
H C	-		empt private loundation Other taxable private foundat	tion		check here and attach co	mputation
1 50		ction 4947(a)(1) nonexempt charitable trust rket value of all assets at end of year J Accounti	·,	Acci	ual	E If private foundation star under section 507(b)(1)	
		· 1	ther (specify)	∧ссі	uai		•
<i>(iii</i>		2,065,527. (Part I, colu	mn (d) must be on cash b	asis)		F If the foundation is in a under section 507(b)(1)	
Pa			(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
٠٠٩		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,031,696.				(
		Check If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments			····		-
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)			n. = nnn		
4	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a		-			
eve	7	Capital gain net income (from Part IV, line 2)			0.	,	
œ	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)					
	11	Other income					
	12	Total Add lines 1 through 11	1,031,696.		0.	0.	
	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
	14	Other employee salaries and wages				<u> </u>	
s	15	Pension plans, employee henefits					
Expenses		209011000				-	
ē.	b	Accounting fees			**	ļ	
		Other prefession trees 2 3 2011					
tive	17	Interest 0		•	-	 	
Operating and Administrative	18	Depreciation and depletion N, UT				 	
ins	19					 	
Mp/	20	Occupancy Travel, conferences, and meetings				 	
γpι	21 22	Printing and publications	 			+-	
gar	23	Other expenses				 	
ţi		Total operating and administrative				<u> </u>	
era	~ "	expenses. Add lines 13 through 23	0.		0 .	. 0.	0.
o	25	Contributions, gifts, grants paid	0.	•			0.
		Total expenses and disbursements.					<u> </u>
	- "	Add lines 24 and 25	0.		0 .	. 0.	0.
_	27	Subtract line 26 from line 12:				-	
		Excess of revenue over expenses and disbursements	1,031,696.				1
		Net investment income (if negative, enter -0-)			0		
		Adjusted net income (if negative, enter -0-)				0.	
0235		I HA For Panerwork Reduction Act Notice see	the instructions				Form 990-PF (2010)

16	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,045,000.	1,045,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►	-	<	,
		Less, allowance for doubtful accounts		*	
	4	Pledges receivable ►		-	
		Less; allowance for doubtful accounts	-		
	5	Grants receivable	-		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶	•	•	
g	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		
As		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 1	0.	1,020,527.	1,020,527.
		Investments - corporate bonds	-		
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis	v		
		Less accumulated depreciation	7 - 2		
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	0.	2,065,527.	2,065,527.
	17	Accounts payable and accrued expenses		-	
	18	Grants payable	"		
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		1,045,000.	,
abil	21	Mortgages and other notes payable			1
	22	Other liabilities (describe)			i i
	ŀ				
	23	Total liabilities (add lines 17 through 22)	0.	1,045,000.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted		1,020,527.	
	25	Temporarily restricted			
Ва	26	Permanently restricted			
or Fund Ba		Foundations that do not follow SFAS 117, check here			
Ę	ļ	and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
Ne.	30	Total net assets or fund balances	0.	1,020,527.	
			_		
	31	Total liabilities and net assets/fund balances	0.	2,065,527.	
Р	art	III Analysis of Changes in Net Assets or Fund B	alances		
_					
		net assets or fund balances at beginning of year - Part II, column (a), line	30		^
	1	st agree with end-of-year figure reported on prior year's return)			1 031 696
_		r amount from Part I, line 27a		2	1,031,696.
		r increases not included in line 2 (itemize)		3	1,031,696.
		lines 1, 2, and 3 eases not included in line 2 (itemize) ► UNREALIZED LOS	q	4	11,169.
				5	1,020,527.
0	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	oranni (u), iine ou		Form 990-PF (2010)

(a) List and desc	ribe the kind(s	es for Tax on In) of property sold (e.go ommon stock, 200 sha	., real estate,	tincome	ΙP	How ac - Purch - Dona	iase l	(c) Date a (mo., d		(d) Date sold (mo., day, yr)
1a										
b NO	NE									
С		-			_					
					_					
<u>e</u>	,		· · · · · · · · · · · · · · · · · · ·		L_,					
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
<u>a</u>										
b								 		
<u>c</u> .										
d										
Complete only for assets shown	l asin in colii	mn (h) and owned by	the foundation	on 12/31/60	\dashv			(I) Coupe (C	al (h) sain	
Complete only for assets shown	,			cess of col. (I)	-				ol (h) gaın ıot less thar	
(i) F M.V as of 12/31/69		djusted basis of 12/31/69		col. (j), if any				Losses	(from col. (l	h))
2				Sin a said						
<u>a</u> b										
<u> </u>		•			-					
d										
e					_				• • • • • • • • • • • • • • • • • • • •	
	L	C 16 ala- anta-			╗					
2 Capital gain net income or (net ca	ipital loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	in Part I, line - in Part I, line	7	}	2				
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		ın sections 1222(5) an	ıd (6):		J					
If (loss), enter -0- in Part I, line 8					ال	3				
Part V Qualification U	Inder Sec	tion 4940(e) for	Reduced	Tax on Net	Inv	estm	ent In	come		
(For optional use by domestic private	e foundations	subject to the section 4	1940(a) tax or	ı net investment ir	come	3)				N/A
If section 4940(d)(2) applies, leave t	his nart hlank									
11 Section 4540(d)(2) applies, leave t	ino part blank.					-				
Was the foundation liable for the sec	tion 4942 tax	on the distributable am	ount of any y	ear in the base pe	rıod?					Yes No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in	each column f	or each year; see instri	uctions before	making any entri	es.					76)
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) Inchai		use asset	is ,		(d) ution ratio ided by col. (c))
2009									,	
2008										
2007										
2006										
2005										
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the			on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe	nce if less that	n 5 years						3		
4 Enter the net value of noncharital	ole-use assets	for 2010 from Part X,	line 5					4		
5 Multiply line 4 by line 3								5		
.										
6 Enter 1% of net investment incor	ne (1% of Par	t I, IINE 2/D)						6		
7 Add lines 5 and 6								7		
8 Enter qualifying distributions from	n Part XII, line	4						8		
If line 8 is equal to or greater that See the Part VI instructions	n line 7, check	the box in Part VI, line	1b, and comp	plete that part usin	ig a 1º	% tax r	ate.			

Form 990-PF (2010) 58 PARTNERS FOUNDATION			27-41992	18	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contir	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Y	es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire				
any voter registration drive?		Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	es?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	ion described in section		İ		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or f	or	ŀ		
the prevention of cruelty to children or animals?		Y	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described i	n Regulations			
section 53,4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here		▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it maintai	ned			
expenditure responsibility for the grant?	N	[/A 🔲 Y	es D No		
If "Yes," attach the statement required by Regulations section 53 49	45-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on				
a personal benefit contract?	•	Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b	
Part VIII Information About Officers, Directors, Trus	stees, Foundation Ma	nagers, Highl	у		
1 List all officers, directors, trustees, foundation managers and their	ir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	ount, other owances
CHARLEY SHIN	PRESIDENT	5	compensation	 	
2500 FARMERS DRIVE, SUITE 140	T				
COLUMBUS, OH 43235	10.00	0.	l o.		0.
CANDRA ALISISWANTO	VICE PRESIDEN	1		1	
2500 FARMERS DRIVE, SUITE 140	┤····································			1	
COLUMBUS, OH 43235	10.00	0.	l o.		0.
INES LEE	SECRETARY/TRE				
2500 FARMERS DRIVE, SUITE 140					
COLUMBUS, OH 43235	16.00	0.	l o.		0.
			-	 	
	-				
	┪				
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."		<u> </u>	
1. No. 200 100 100 100 100 100 100 100 100 100	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	ount, other owances
NONE			compensation	 	
				† ··	
	┥			-	
		<u> </u>		†	
				-	
	+	 	l	 	
		-	-	 	
	┥				
Total number of other employees hald over \$50,000		<u> </u>		<u> </u>	

Form 990-PF (2010) 58 PARTNERS FOUNDATION		199218 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Raid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If 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		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant	statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research paper	s produced, etc	
1 N/A		
,		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,796.
	Average of monthly cash balances	1b	522,500.
	Fair market value of all other assets	10	0.
d	Total (add lines 1a, b, and c)	1d	525,296.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	525,296.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,879.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	517,417.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,559.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	_
1	Minimum investment return from Part X, line 6	1	1,559.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,559.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,559.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,559.
P	art XII Qualifying Distributions (see instructions)	T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	0
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	,	^
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	ine section

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Dis	tributable amount for 2010 from Part XI,			1000000	
line	e 7				1,559.
	distributed income, if any, as of the end of 2010			- ,	
	ter amount for 2009 only		*******	0.	
b 101	tal for prior years		•	į	
a ===	cess distributions carryover, if any, to 2010		0.		
	1 '				
	om 2005				
	om 2006 om 2007				
	om 2008 om 2009				
	tal of lines 3a through e	0.			
	alifying distributions for 2010 from				
	rt XII, line 4: ►\$				
	plied to 2009, but not more than line 2a			0.	
	plied to undistributed income of prior				
	ars (Election required - see instructions)		0.		
•	eated as distributions out of corpus				
	ection required - see instructions)	0.			
	plied to 2010 distributable amount				0.
•	maining amount distributed out of corpus	0.			
(If a	cess distributions carryover applied to 2010 in amount appears in column (d), the same amount st be shown in column (a))	0.			0.
6 En	ter the net total of each column as licated below;				
	rpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	or years' undistributed income. Subtract				
	e 4b from line 2b		0.		
un	ter the amount of prior years' distributed income for which a notice of ficiency has been issued, or on which				
	e section 4942(a) tax has been previously sessed		0.		
	btract line 6c from line 6b Taxable				
	ount - see instructions		0.		
	distributed income for 2009. Subtract line			0	
	from line 2a Taxable amount - see instr.			0.	
	distributed income for 2010. Subtract				
	es 4d and 5 from line 1. This amount must distributed in 2011.				1,559.
	nounts treated as distributions out of				1,333.
	rpus to satisfy requirements imposed by				
	ction 170(b)(1)(F) or 4942(g)(3)	0.			
	cess distributions carryover from 2005				
	t applied on line 5 or line 7	0.			
	cess distributions carryover to 2011				
	btract lines 7 and 8 from line 6a	0.			
	alysis of line 9				
	cess from 2006				
	cess from 2007				
	cess from 2008				
d Ex	cess from 2009				
<u>e</u> Ex	cess from 2010				
					Form 000 DE (0010)

	NERS FOUNDA			2/-41	99218 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	▶ ∟		
b Check box to indicate whether the founda	`, `, `,	ng foundation described		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.000	Prior 3 years	T 40000	
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				1	
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from		<u> </u>			
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	mation (Comple	ete this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during the				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation	n Managers:	<u> </u>			
a List any managers of the foundation who year (but only if they have contributed m	have contributed more		tributions received by the	foundation before the clos	se of any tax
CHARLEY SHIN			· · · · · · · · · · · · · · · · · · ·		
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation or the foundation makes gifts, grants, etc (nly makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone numb	per of the person to who	m applications should b	addressed:		
b The form in which applications should be	e submitted and informa	tion and materials they	should include		
c Any submission deadlines			 		
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors	

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment						
Name and address (home or huspess)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	status of recipient						
a Paid during the year NONE DUE TO INITIAL								
				`				
Total	<u> </u>	<u> </u>	<u> </u>	0.				
Total		T	<u>▶ 3a</u>	0.				
NONE								
Total			▶ 3b	0.				

inter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
4	5000		+		
b			+		
	1 1		+	· · · · · · · · · · · · · · · · · · ·	
			 		· · · · · · · · · · · · · · · · · · ·
	— 	· .	+		·
	- - 		 		
g Fees and contracts from government agencies		 	+-		· — — — — — — — — — — — — — — — — — — —
g Fees and contracts from government agencies 2 Membership dues and assessments			+-		
Interest on savings and temporary cash			 		
investments Dividends and interest from securities		_	+		
			-		<u></u>
5 Net rental income or (loss) from real estate	-		╁		
a Debt-financed property			┼		
b Not debt-financed property			+		
Net rental income or (loss) from personal					
property			+		
7 Other investment income			├		
8 Gain or (loss) from sales of assets other					
than inventory		* ***			
9 Net income or (loss) from special events			 		<u> </u>
O Gross profit or (loss) from sales of inventory			 		
1 Other revenue					
<u> </u>	— 		-		
b	— ——		-		
<u> </u>	— ——		┼		
d	— ——				
6	— 	0.	+	0.	
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u>·L</u>		<u> </u>
3 Total. Add line 12, columns (b), (d), and (e)				13_	
	ins)				
see worksneet in line 13 instructions to verify calculation		molishment of F	xemp	t Purposes	
	ies to the Acco	inpusinicite of E			
			\ contri	suited importantly to the accor	nnlichment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for which	ch income is reported in	n column (e) of Part XVI-A	A contri	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for which	ch income is reported in	n column (e) of Part XVI-A	A contri	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the accor	nplishment of
Part XVI-B Relationship of Activit	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the according	nplishment of
Part XVI-B Relationship of Activit	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the according	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the according	nplishment of
Part XVI-B Relationship of Activit Line No Explain below how each activity for whice	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the according	nplishment of
Part XVI-B Relationship of Activit	ch income is reported in	n column (e) of Part XVI-A	A contril	outed importantly to the according	nplishment of

Firm's address ► 300 SPRUCE ST., SUITE 250 COLUMBUS, OH 43215

orm 990-	PF (20)10) 58 PA	RTNERS FO	TLYMUNU	ON			2/-	4133718	Pa	ige 1 3
Part X	VII	Information Re Exempt Organ		sfers To a	and Trans	actions a	nd Relatio	nships With No	ncharitable		
1 Did ti	ne org	anization directly or indi	rectly engage in any	of the followin	g with any oth	er organizatio	n described in	section 501(c) of		Yes	No
		other than section 501(c)									
		rom the reporting found									
(1)		, ,		•	•				1a(1)	****	×
		assets							1a(2)		Х
		actions:									
		of assets to a noncharita	hle evemnt organiza	ition					1b(1)	•	X
٠,		ases of assets from a no							1b(2)		X
٠,			•	oi gainzation					1b(3)		X
٠.		of facilities, equipment,							1b(4)		X
, ,		oursement arrangements								_	X
		or loan guarantees							1b(5)		X
٠,		mance of services or me	•	-					1b(6)		X
	-	facilities, equipment, ma	-			(h) abasslal abs			1 <u></u>		Λ
or se	rvices	er to any of the above is given by the reporting fo	oundation. If the fou	indation receive						eis,	
) the value of the goods,			Avamet area	2170200	1 (4) 5				
(a)Line no	ļ'	(b) Amount involved	(c) Name o	f noncharitable	e exempt organ	nzation	(0) Descri	ption of transfers, transaction	ons, and sharing an	rangeme	ents
	<u> </u>			N/A		.	_				
	ļ		_								
	↓		ļ								
	_										
	<u> </u>										
	<u> </u>	-									
								w we			
·											
											
	1										
ın se	ction	dation directly or indirec 501(c) of the Code (othe mplete the following sch	r than section 501(c	•		xempt organi	zations describe	ed	Yes	X	□No
		(a) Name of org			(b) Type of (organization		(c) Description of r	elationship		
		N/A						· · · · · · · · · · · · · · · · · · ·			
					Ĭ						
									- <u>-</u> -		
		r penalties of periory declar omplete Declaration of propos							ge and belief, it is tr	Je, confe	ect,
Sign	anoc	Unipiete becauseurior proba	arar (Ulliar III)ar taxpaya	G nddcial y) is		, ,		nomeage			
Here)	11/15/2	2011	OFFICER			
		Signature of officer or tri	ustee			Date		Title			
		Print/Type preparer's na	ame	Preparer's s	-		Date	Check if	PTIN		
				Annette	Digitally loelzer DN cn=/	signed by Annette		self- employed	1		
Paid		ANNETTE HO	ELZER	Aimette	Date 20	Annette Hoeizer c=US I 1 11 15 13.54 50 -05 0	11/15/1	.1			
Prepa	rer	Firm's name ►SS&		IAL SER				Firm's EIN ▶	<u> </u>		_
llea O											

Phone no.

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

Department of the Treasury Internal Revênue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization Employer identification number 58 PARTNERS FOUNDATION 27-4199218 Organization type (check one) Section: Filers of: 501(c)(Form 990 or 990-F7) (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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

_	1 .	1	
Page	⊥ of		of Part

Schedule B	Earm 990	990-F7	or 990-DE	/2010)
Scheaule B (rom 990,	390-62,	Or 990-FF) (ZU IU)

Name of organization

Employer identification number

58 PARTNERS FOUNDATION

27-4199218

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GOSH ENTERPRISES 2500 FARMERS DRIVE, SUITE 140 COLUMBUS, OH 43235	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CHARLEY'S STEAKERY, INC. 2500 FARMERS DRIVE, SUITE 140 COLUMBUS, OH 43235	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2		Schadula R /Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2010)

Name of organization

Page 1 of 1 of Employer identification number

58 PARTNERS FOUNDATION

27-4199218

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	3300 SHARES OF BAIDU		
		\$324,093.	12/30/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	11765 SHARES OF VARIOUS STOCK (BAIDU, ATHN, FITB, FCX, GE, RIO)		
		\$	12/30/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Employer identification number Name of organization 27-4199218 58 PARTNERS FOUNDATION Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions.) > \$ (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (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

FORM 990-PF	CORPORATE STOCK		STATEMENT 1
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
STIFEL NICOLAUS MERRILL LYNCH		282,072. 738,455.	
TOTAL TO FORM 990-PF, PART II, I	INE 10B	1,020,527.	1,020,527.
	BSTANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT 2
NAME OF CONTRIBUTOR	ADDRESS		
CHARLEY'S STEAKERY, INC.	2500 FARMERS COLUMBUS, OH	DRIVE, SUITE 14 43235	0
GOSH ENTERPRISES, INC.	2500 FARMERS COLUMBUS, OH	DRIVE, SUITE 14 43235	0



Charitable Law Section
Office 614.466.3181
Fax 614.466.9788
150 East Gay Street, 23rd Floor
Columbus, Ohio 43215-3130
www OhioAttorneyGeneral.gov

VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE

This form is to be completed by 501(c)(3) non-profit organizations, located in Ohio, that file one of the federal tax forms listed below. NOTE: This form should be filed in lieu of a copy of the federal tax return. Do not submit the federal return with this form.

I hereby certify that I am a trustee or officer of 58 PARTNERS FOUNDATION (Name of Organization as filed with the Attorney General's Office) 2500 FARMERS DRIVE COLUMBUS 43235 City Zip Code Charity Street Address 27-4199218 (State Charter Number if applicable) (Federal Employer Identification Number) and that the above named organization completed and/or will complete and file: (check one) Form 990-PF ____ Form 990-EZ ____ Form 990-N (e-Postcard) required by the Internal Revenue Service for the: (check and complete one of the following) calendar year 2 _ _ _ tax year beginning DECEMBER 10 , 2 010 , and ending DECEMBER 31 , 2 010 Did the organization request a federal extension of time to file this report? If yes, what was/is the extended due date? NOVEMBER 15, 2011 (Federal Extended Due Date) For fee purposes, please indicate the current total value of assets, or 1f filing this form prior to an extended federal due date, estimate the current total value of assets, at year end \$ 2,065,527 Candra Alisismanto itee @ charleys. com Signature of Trustee/Officer VICE-PRESIDENT OFFICE USE ONLY Trustee/Officer Title FILING FEE PAID 11/15/11 Amount Date Check # VFIRS/Revised 2/11

Form 9868 (Rev. 1-2011)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	omplete only Part II and check this b	эх	>	X
Note. Only complete Part II if you have already been granted an	automatic :	3-month extension on a previously filed	Form 8	868.	
• If you are filing for an Automatic 3-Month Extension, comple	te only Pa	rt i (cn page 1).			
Part IF Additional (Not Automatic) 3-Month E	xtensio	of Time. Only file the original (no c	opies n	eeded).	
Type or Name of exempt organization			Employer identification number		
58 PARTNERS FOUNDATION			2	7-4199218	
Number, street, and room or suite no. If a P.O. box, see instructions. 2500 FARMERS DRIVE, NO. 140					
collumbus, OH 43235	oreign add	ress, see instructions.			
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)		· · · · · · ·	0 4
Application	Return	Application		Return	
Is For	Code	ls For			Code
Form 990	01		18 18 C		4.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720		······································	09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP: Do not complete Part II if you were not already granter. LINDA DECKER The books are in the care of > 2500 FARMERS D					
Telephone No ▶ 614-923-4710		FAX No. ▶	· · · · · · · · · · · · · · · · · · ·		
If the organization does not have an office or place of business	ss in the Ur				
If this is for a Group Return, enter the organization's four digit					heck this
	_	ich a list with the names and EINs of al			
		BER 15, 2011.			
5 For calendar year 2010, or other tax year beginning		, and ending			,
6 If the tax year entered in line 5 is for less than 12 months.	check reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN					
				·	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any			_
nonrefundable credits. See instructions.			8a	\$	<u> </u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069			2007 N		
tax payments made. Include any prior year overpayment a	allowed as	a credit and any amount paid	1983		•
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your p	payment wi	th this form, if required, by using			^
EFTPS (Electronic Federal Tax Payment System). See inst			8c	\$	0.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, inclu-	iding accom	panying schedules and statements, and to t	ne best o	t my knowledge and b	euet,
it is true, correct, and complete, and that I am authorized to prepare this form.					
Signature VI Tritle	CPA		Date		1 005 5
				Form 8868 (R	av 1/2011)