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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.

OMB No 1545-0052

2011

14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 5,244. 0. 5,244 b Accounting fees	Force	alendar year 2011 or tax year beginning		, and ending		
Number and steet (o P O box number it mail is not delivered to steet address) 2500 FARMERS DRIVE City or town, state, and 2I pode COLUMBUS, OH 43235 G Check all that apply: Initial return Initial return Address change H Check type of organization: IX Section 501(c)(3) exempt private foundation Section 4947(a)(1) none-merp to charable trust On the retaxable private foundation Fair market value of all assets at end of year J Accounting method: X Cash Accrual (from Part II, col. (c), line 16) S 1, 947, 267, [Part I, column (c) must be on cash basis.) Part I Analysis of Revenue and Expenses The state of anomatin and column (a), Check here on the state of state of the state of expenses or the state of anomatin and column (b), Check here on the state of expenses or the state of anomatin and column (b), Check here on the state of charable purposes (cash bases only) 1 Contributions, grifts, grants, etc., received 2 Check In the theustabon and temporary and state of the state	Nam	e of foundation			A Employer identification	n number
2500 FARMERS DRIVE City or town, state, and ZIP code COLUMBUS, OH 43235 G Check all that apply: Initial return	58	PARTNERS FOUNDATION			27-419921	3
City or town, state, and ZIP code COLUMBUS , OH 43235 G Check all that apply:			address)			700
COLUMBUS, OH 43235 6 Check all that apply: Initial return Amended return Amended return Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation El Tyrivate foundation Fair market value of all assets at end of year According method: X Cash Accrual (from Part II, col. (c), line 16) Socion 4947(a)(1) nonexempt chantable trust Other taxable private foundation Fair market value of all assets at end of year Accounting method: X Cash Accrual (from Part II, col. (c), line 16) Socion 4947(a)(1) nonexempt chantable trust Other (specify) Socion 4947(a)(1) nonexempt chantable trust Other (specify) Part II Analysis of Revenue and Expenses (the total of amounts in cultums (c), (c), and (d) may not expenses per books 1 Contributions, grits, grants, etc., received 1,400,046. 1 Contributions, grits, grants, etc., received 1,400,046. 2 Check 10 the indication short required to attach Sch B contributions, grits, grants, etc., received 1,400,046. 1 Deformation short required to attach Sch B contributions, grits, grants, etc., received 1,400,046. 2 Check 10 the indications and temporary contributions grits, grants, etc., received 1,400,046. 3 Part II Analysis of Revenue and Expenses 1,050,3326. 5 A received 1,050,3326. 5 A retigen or (loss) from sale of assets not on line 10 740,314. 5 A Net genue or (loss) from sale of assets not on line 10 740,314. 5 A retigen or (loss) from part Y, line 2) 8 Net short-term capital gain 1,050,3326. 6 Order short retired and enterior for part Y, line 2) 9 Income modifications CEIVED				140		
G Check all that apply:	-				C If exemption application is	pending, check here
Final return Amended return Name change 2. Foreign organizations meeting the 85% test, check here and attach computation Name change 2. Ended there are attach computation Name change 2. Check here and attach computation Name change Nam			Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
H Check type of organization:				,		
Section 4947(a)(1) nonexempt charitable trust					2. check here and attach of	computation
Fair market value of all assets at end of year (trom Part II, col. (c), line 16)	H Ch	· · · · · · · · · · · · · · · · · · ·				
## Other (specify) Other (specify)					, .,	
Part Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (d)) (d). (d) and (d) may not necessarily equal the amounts in columns (d)) (e), and (d) may not necessarily equal the amounts in column (a)) 1		· —	• —	Accidal		
Part Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net investment (c) Adjusted net income (d) Debursements for characterial enumones (cash basis only)	-			pasis.)	under section 307(b)(I)(D), check here
Tontributions, grits, grants, etc., received 1,400,046. N/A		+ 1 Analysis of Revenue and Expenses			(c) Adjusted net	
2 Check		(The total of amounts in columns (b), (c), and (d) may not	expenses per books		income	
Theres to nearwings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gen or (loss) from sale of assets not on line 10 b Gross sales price for all 1,050,326. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a and allowances b Less Cost of goods sold c Gross price (Iloss) OV 1 9 2012 11 Other income 12 Total. Add lines intrough it 13 Compensation of office of the second of the		1 Contributions, gifts, grants, etc., received	1,400,046.		N/A	
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9 Income modifications 10a Gross sales less return ECEVED b Less Cost of goods sold c Gross project (loss) 0 V 1 9 2012 11 Other income 12 Total. Add lines Through 11 2 Compensation of other Tibeles Inc. 13 Compensation of other Tibeles Inc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 5, 244. 0. 5, 244	ğ	Gross sales price for all 1 050 326	*			
9 Income modifications 10a Gross sales less return ECEVED b Less Cost of goods sold c Gross project (loss) 0 V 1 9 2012 11 Other income 12 Total. Add lines Through 11 2 Compensation of other Tibeles Inc. 13 Compensation of other Tibeles Inc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 5, 244. 0. 5, 244	eve	7 Capital gain net income (from Part IV, line 2)		740,314.		
b Less Cost of goods sold c Gross project (loss) () 1 9 2012 11 Other income 12 Total. Add lines Through 11 2 Compensation of order Tibeles Jic Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 5,244. 0. 5,244	"	_ , ,				
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11 Other income	•	101				
12 Total. Add lines through 11		11 Other income				
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 5,244. 0. 5,244		12 Total. Add lines Librough 11	2,140,754.	740,708.		
15 Pension plans, employee benefits 16a Legal fees STMT 2 5,244. 0. 5,244			0.	0.		0.
8 16a Legal fees STMT 2 5,244. 0. 5,244	- 1	, ,				
b Accounting fees c Other professional fees STMT 3 4,621. 4,621. 0 To Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy	ဖွ		5 2//	0		5 244
c Other professional fees STMT 3 4,621. 0 To Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy	sus		3,233.			3,244.
17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy	ă		4,621.	4,621.		0.
18 Taxes 19 Depreciation and depletion 20 Occupancy	Ve E					
19 Depreciation and depletion 20 Occupancy	rati	18 Taxes				
E 20 Occupancy	nist					
5	흥	• •				
21 Travel, conferences, and meetings	Ψ̈́β					
22 Printing and publications 23 Other expenses STMT 4 9,865. 0. 9,865	a		9.865	n .		9,865.
24 Total operating and administrative	Ę	•	7,003.	<u></u>		
expenses. Add lines 13 through 23 19,730. 4,621. 15,109	Ser		19,730.	4,621.		15,109.
25 Contributions, gifts, grants paid 486,159. 486,159.	ō	-	486,159.			15,109. 486,159.
26 Total expenses and disbursements.		26 Total expenses and disbursements.				
	\dashv		505,889.	4,621.		501,268.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 1,634,865.	İ		1 624 065			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 736,087.		•	1,034,003.	736.087.		1
c Adjusted net income (if negative, enter -0-) N/A			- ·	,	N/A	

	0-PF (2011) 58 PARTNERS FOUNDATION	Beginning of year	End of y	<u> 199218 Page</u> /ear
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
T 1	Cash - non-interest-bearing	1,045,000.	1,609,489.	1,609,489
1	Savings and temporary cash investments		333,735.	333,735
	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			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments - U.S. and state government obligations			···
b	Investments - corporate stock STMT 5	1,020,527.	0.	0
C	Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			erre Alleite - ette -
1	Less accumulated depreciation			
12	Investments - mortgage loans			· · · · · · · · · · · · · · · · · · ·
13	Investments - other			
14	Land, buildings, and equipment basis ► 4,043.		4,043.	· · · · · · · · · · · · · ·
	Less accumulated depreciation	0.	4,043.	4,043
15	Other assets (describe)			
16	Total assets (to be completed by all filers)	2,065,527.	1,947,267.	1,947,267
17	Accounts payable and accrued expenses		2,389.	
18	Grants payable			
19	Deferred revenue			
20 21	Loans from officers, directors, trustees, and other disqualified persons	1,045,000.		
21	Mortgages and other notes payable			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	1,045,000.	2,389.	>
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.	1 000 507	1 044 070	*
24	Unrestricted	1,020,527.	1,944,878.	***
25	Temporarily restricted			
26	Permanently restricted			*
	Foundations that do not follow SFAS 117, check here			`
	and complete lines 27 through 31.			
24 25 26 27 28 29 30	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	1,020,527.	1,944,878.	
30	Total net assets of fund balances	1,020,027.	T/244/0/00	
31	Total liabilities and net assets/fund balances	2,065,527.	1,947,267.	
Part	Analysis of Changes in Net Assets or Fund Ba	lances		

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
-	(must agree with end-of-year figure reported on prior year's return)	1	1,020,527.
2	Enter amount from Part I, line 27a	2	1,634,865.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,655,392.
5	Decreases not included in line 2 (itemize) ► UNREALIZED GAINS	5	710,514.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,944,878.

Part IV Capital Gains	and Losses for Tax on Ir	vestmen	t Income					
(a) List and descr 2-story brick wa	ribe the kind(s) of property sold (e.g rehouse; or common stock, 200 shs	., real estate, s. MLC Co.)		P	low acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo , day, yr.)
1a BAIDU INC M	ERRLL LYNCH					01/1	9/10	01/04/11
b BAIDU INC M	ERRLL LYNCH					01/1	5/09	01/04/11
c STIFEL NICOLAU	S					VARI	OUS	01/03/11
d STIFEL NICOLAU	S			T		VARI	OUS	01/03/11
e								
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale						ain or (loss s (f) minus		
a 434,993.			191,24	1.	-			243,752.
ь 329,995.			34,80	8.				295,187.
c 23,411.			21,77	1.				1,640.
d 261,927.			62,19					199,735.
е							_	:
	g gain in column (h) and owned by	the foundation	on 12/31/69	一		(I) Gains (C	Col. (h) gain	minus
	(j) Adjusted basis		cess of col. (I)		С	ol. (k), but :	not less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	l		Losses	(from col. ((h))
			(,,,					243,752.
a								295,187.
<u>b</u>	· · · · · · · · · · · · · · · · · · ·	·						
C								1,640.
d				\rightarrow	-			199,735.
e								
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases} $	n Part I, line In Part I, line	7 7	}	2			740,314.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	ıd (6):		ς.				
If gain, also enter in Part I, line 8,	column (c).			М				
If (loss), enter -0- in Part I, line 8					3		N/A	•
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estment Ir	ncome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	.)			
If section 4940(d)(2) applies, leave the	nis part blank.							
Was the foundation liable for the sect	tion 4942 tax on the distributable am	ount of any yo	ear in the base per	rod?				Yes X No
If "Yes," the foundation does not qual			•					
	each column for each year; see instri			es.				-
(a)	(b)		•	(c)	····		District	(d) oution ratio
Base periód years Calendar year (or tax year beginnii		tributions	Net value of no		itable-use asse	ts	UISTRIC (col. (b) div	oution ratio vided by col. (c))
2010		0.			517,41		V V-7 -	.000000
2009		-						
2008		-						
2007								***
2007								
2008			<u> </u>					
O Total of load of an loan (d)								.000000
2 Total of line 1, column (d)						2	 	•00000
3 Average distribution ratio for the		on line 2 by 5,	or by the number	ot yea	ars			00000
the foundation has been in exister	nce if less than 5 years					3		.000000
								1 054 005
4 Enter the net value of noncharitab	le-use assets for 2011 from Part X,	line 5				4		<u>1,974,287.</u>
5 Multiply line 4 by line 3						5		0.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		7,361.
7 Add lines 5 and 6						7	1	7,361.
, Add mios o and o						<u> </u>		.,
8 Enter qualifying distributions from	n Part XII, line 4					8		501,268.
If line 8 is equal to or greater than	ı line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax rate.			
See the Part VI instructions.								

Fo <u>rn</u>	1 990-PF (2011) 58 PARTNERS FOUNDATION		-4199			Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		_			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1			7,3	<u>61.</u>
	of Part I, line 27b					
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3_			7,3	<u>61.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			7,3	<u>61.</u>
6	Credits/Payments:					ı
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	: Tax paid with application for extension of time to file (Form 8868)					1
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7 7				0.
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	. 9			7,3	61.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	- 10				
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	- 11				
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	7		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis					
	distributed by the foundation in connection with the activities					•
c	Did the foundation file Form 1120-POL for this year?			1c	-	X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$					i
e	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities					·
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or						
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					X
42	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	1	1/A	4b		
5	5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?					X
If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					:
·	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law				1
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.					
82	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	OH					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			 8b	X	i
Q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar				
٠	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "res," attach a schedule listing their names and addresses	STM	r 6	10	X	
	/ First and a second a second and a second a second and a second a second and					

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58 PARTNERS FOUNDATION

Pa	art VII-A	Statements Regarding Activities (continued)			
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512	(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the fou	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	ļ		
	If "Yes," atta	ch statement (see instructions)	12	<u></u>	X
13	Did the fou	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website ad				
14		are in care of ▶ INES LEE Telephone no.▶614-9			
		▶ 2500 FARMERS DRIVE, STE 140, COLUMBUS, OH ZIP+4 ▶4	3235		
15		17(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here	**	. , , ▶	ـــا
		ne amount of tax-exempt interest received or accrued during the year	N	/A	
16	•	during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	
		or other financial account in a foreign country?	16		X
		tructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
D	country				Щ.
Pä		Statements Regarding Activities for Which Form 4720 May Be Required		Vaa	NI-
		4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	•	year did the foundation (either directly or indirectly); e in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	` '	noney from, lend money to, or otherwise extend credit to (or accept it from) Yes X No			
			ı		
		n goods, services, or facilities to (or accept them from) a disqualified person? Yes X No mpensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	. , .	er any income or assets to a disqualified person (or make any of either available			
		benefit or use of a disqualified person)? Yes X No			
		to pay money or property to a government official? (Exception. Check "No"	2,		*
	., .	bundation agreed to make a grant to or to employ the official for a period after			
		ation of government service, if terminating within 90 days.)			'
ı		er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			l
	_	4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
		ns relying on a current notice regarding disaster assistance check here			
(-	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
		irst day of the tax year beginning in 2011?	1c		X
2	Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in s	ection 4942(j)(3) or 4942(j)(5)).			
í	a At the end	of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 201	\square Yes \square No			
		the years \blacktriangleright			
i		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation o	assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
		see instructions.)	2b		<u> </u>
(olf the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	_	· · · · · · · · · · · · · · · · · · ·			
3		ndation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		;
	during the				· '
1		it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
		69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	=	acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, D, to determine if the foundation had excess business holdings in 2011) N/A	96	-	
4		0, to determine if the foundation had excess business holdings in 2011) N/A Indation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	$\vdash \vdash \vdash$	х
		ndation invest during the year any amount in a mainter that would jeopardize its charitable purposes? Indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	- 4a	 	
•		en removed from jeopardy before the first day of the tax year beginning in 2011?	4b		х
	THE UTILITY OF THE	arramatas nam paparaj salata dia marasjar dia lan jau sagiining ili 60 f f			

form 990-PF (2011) 58 PARTNERS FOUNDATION			<u> 27-41992</u>	18 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	'
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
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, literary,	, or educational purposes, or f	or		
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		_
section 53.4945 or in a current notice regarding disaster assistance (see instru	actions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?	N	[/A	es L No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			'
a personal benefit contract?		Ye	es 🗶 No 📗	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	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 s	shelter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		ınagers, Highly	<i>/</i>	<u>-</u>
1 List all officers, directors, trustees, foundation managers and their				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CHARLEY SHIN	PRESIDENT			
2500 FARMERS DRIVE, SUITE 140				
COLUMBUS, OH 43235	10.00	0.	0.	0.
CANDRA ALISISWANTO	VICE PRESIDEN	Г		
2500 FARMERS DRIVE, SUITE 140				
COLUMBUS, OH 43235	10.00	0.	0.	0.
INES LEE	SECRETARY/TRE	ASURER		
2500 FARMERS DRIVE, SUITE 140				
COLUMBUS, OH 43235	16.00	0.	0.	0.
	<u> </u>			
	<u> </u>			
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d)0	() [vananaa
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	1			
	1			
				-
	1			
				<u> </u>
Total number of other employees paid over \$50,000				0

Form 990-PF (2011) 58 PARTNERS FOUNDATION		199218 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1), 0 0 0 0 0 0 0	(-, ,
NONE	1	
		
	-	
	-	
		
	-	
		
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	iced, etc.	Expenses
1 N/A		
1	·	
2	· ·	
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see 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	0.
b	Average of monthly cash balances	1b	2,004,352.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,004,352.
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	2	0.
3	Subtract line 2 from line 1d	3	2,004,352.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,065.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,974,287.
6	Minimum investment return. Enter 5% of line 5	6	98,714.
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	98,714.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 7, 361.		
b	Income tax for 2011. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	7,361.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,361. 91,353.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	91,353.
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	91,353.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		504 OCO
а	, , , ,	1a	501,268.
þ	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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	501,268.
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	7,361. 493,907.
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 fo	r the section

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,		<u> </u>		
line 7				91,353.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			1,559.	-
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010	_			,
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				*
Part XII, line 4: ►\$ 501, 268.			4 - 5 - 5	
a Applied to 2010, but not more than line 2a	· ·		1,559.	
b Applied to undistributed income of prior	**		. *	,
years (Election required - see instructions)		0.	, , , , , , , , , , , , , , , , , , , ,	* *
c Treated as distributions out of corpus	_	ત્ર ફર્ડ	* *	* / .
(Election required - see instructions)	0.	*	<u> </u>	01 353
d Applied to 2011 distributable amount	400 255	` * ` , ,	*,	91,353.
e Remaining amount distributed out of corpus	408,356.		*	0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.	<u> </u>	*4^	U.
must be shown in column (a))		3		1
6 Enter the net total of each column as indicated below:	**************************************		* XX	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	408,356.		. * & *	,
b Prior years' undistributed income. Subtract	**		,	ŕ
line 4b from line 2b		0.		3 30 14
c Enter the amount of prior years'	* * /		*	* ; .
undistributed income for which a notice of	, ,		,	
deficiency has been issued, or on which the section 4942(a) tax has been previously	, ,		,	,
assessed	*, 3	0.		*
d Subtract line 6c from line 6b. Taxable	. ,		**	à
amount - see instructions		0.	*	٠ ٧,
e Undistributed income for 2010. Subtract line	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			* * *
4a from line 2a. Taxable amount - see instr.	*	4,*	0.	, š (
f Undistributed income for 2011. Subtract		3	*	
lines 4d and 5 from line 1. This amount must			,	
be distributed in 2012				0.
7 Amounts treated as distributions out of		\$ \$		š
corpus to satisfy requirements imposed by		^ * `		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	0.	·		*
not applied on line 5 or line 7		,		
9 Excess distributions carryover to 2012.	408,356.			
Subtract lines 7 and 8 from line 6a	400,330.			
10 Analysis of line 9:				
a Excess from 2007				,
b Excess from 2008				
c Excess from 2009 d Excess from 2010	,			
e Excess from 2011 408, 356.	1			
CEXCOSS HOLLEST 1	L			Form 990-PF (2011)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year N/A PUBLIC CHARITY SUPPLIES AND EQUIPMENT AFRICA CASSAVA MISSIONS TO COMPLETE VARIOUS 1224 SLADE AVENUE CONSTRUCTION PROJECTS COLUMBUS, OH 43235 ON SCHOOLS AND CHURCHES IN RURAL 3,000. AMPEKO N/A PUBLIC CHARITY TRANSPORTATION FOR MISSION TEAM & FOOD AND BASIC SUPPLIES FOR AV. RAMON CASTILLA NO. 20, PERU REMOTE & POOR COMMUNITIES IN LATIN 4,674. AROMA CHILDREN HOME N/A PUBLIC CHARITY TRANSPORTATION FOR ISSION TEAM & FOOD CHINA AND BASIC SUPPLIES FOR REMOTE & POOR COMMUNITIES IN LATIN 15,000. N/A PUBLIC CHARITY FOOD, EDUCATION, CHILDREN OF JESUS CHURCH BIBLE STUDY, 1990 S. NEWPORT STREET BASIC MEDICAL CARE DENVER, CO 80224 EXPENSES FOR POOR 209,972. CHILDREN; FOOD N/A PUBLIC CHARITY TRANSPORTATION TO EVERY NATION VISIT PEOPLE IN NEED (THE HOMELESS, DRUG CHINA ADDICTS, MINORITY PEOPLES ABANDONED 10,230. SEE CONTINUATION SHEET(S) 486,159 3a Total **b** Approved for future payment NONE

0.

► 3b

Total

Part XVI-A	Analysis of	Income-Producing	Activities
Lair VAI-V	Allalysis Ol	moonie-r roducing	ACHINES

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
· ·	code				
a					
b	-		-		
<u> </u>					
d					
e			<u> </u>		
·					
g Fees and contracts from government agencies					
2 Membership dues and assessments			├		
3 Interest on savings and temporary cash	1				
investments			1 4	304	
4 Dividends and interest from securities	 		14	394.	
5 Net rental income or (loss) from real estate:				<u> </u>	
a Debt-financed property				<u> </u>	
b Not debt-financed property					
6 Net rental income or (loss) from personal	ľ		ļ		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	740,314.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		740,708.	
13 Total. Add line 12, columns (b), (d), and (e)				13	740,708.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emn	t Purposes	-
Line No. Explain below how each activity for which incor			contrit	outed importantly to the accon	nplishment of
the foundation's exempt purposes (other than b	by providing fu	nds for such purposes).			
		<u> </u>			
				<u> </u>	
		- <u>-</u>			
			_		

Form 990-PF (2011) 58 PA	RTNERS FO	UNDATI	ON		27-41992	18	Page 13
Part XVII			sfers To a	and Transactions a	and Relationsh	ips With Noncharita	able	
d Diddhaa	Exempt Organ		of the followin	as with any other organization	on described in costici	n 501(a) of		es No
				ig with any other organization of the control of th		1 50 1(0) 01	<u> </u>	63 140
	s from the reporting found				nzations.			
(1) Cash	•	ation to a nononante	ible exempt of	gumzunom on:			 a(1)	X
(2) Othe						_	a(2)	X
• •	nsactions:					<u> </u>	-(-/	
	s of assets to a noncharita	ble exempt organiza	ition			1	b(1)	x
• •	chases of assets from a no	· · ·					b(2)	X
(3) Rent	tal of facilities, equipment,	or other assets	-			1	b(3)	Х
(4) Rein	nbursement arrangements	i				1	b(4)	X
(5) Loar	ns or loan guarantees					1	b(5)	Х
(6) Perf	ormance of services or me	embership or fundra	ısıng solıcıtatıo	ons		_1	b(6)	X
c Sharing o	of facilities, equipment, ma	uling lists, other asso	ets, or paid em	ployees		L	1c	X
						rket value of the goods, othe		s,
				ed less than fair market valu	ie in any transaction o	r sharing arrangement, show	√ IN	
	(d) the value of the goods,			e exempt organization	/d\ p	· · · · · · · · · · · · · · · · · · ·		
(a)Line no	(b) Amount involved	(c) Name o	N/A		(u) Description of	f transfers, transactions, and share	ing arran	gements
	 		N/A					
								
	·				+			
	· · · · · · · · · · · · · · · · · · ·				-			
					+			
								-
		l						
		-		or more tax-exempt organi	zations described	[]		च्ट ो
	n 501(c) of the Code (othe		:)(3)) or in sect	tion 527?			Yes	X No
b If "Yes," (complete the following sch (a) Name of org			(b) Type of organization	T (c) Description of relationship		
	N/A	Janization		(b) Type of organization	1) Description of relationship		-
	11/A				 			_
					 			
		-			1			
				ng accompanying schedules and			TRS disc	cuss this
Sign and t	belief, it is true, correct, and co	mplete Declaration of p	reparer (other tha	n taxpayer) is based on all inform	nation of which preparer ha	as any knowledge return w	rith the p	reparer ee instr)?
Here	· ////	MINE)	11/15/12	OFFICER			☐ No
Sig	nature of officer or trustee			Daté	Title			_
	Print/Type preparer's n	ame	Preparer's s Annett	Ignature Dignally signed by Annette L Hoelzer CPA DN on-VertSign, Inc., our-VertSign Trust	1	Check if PTIN		
			ł	Not Validated our Descript ID Class 1 Micros	√r j	elf- employed		
Paid	ANNETTE HO		Hoelze	r CPA For Service, on-Annette L Hoster CA, email-ahoetereissandg.com	11/15/12	P000		
Preparer	Firm's name ► SS&	:G, INC				Firm's EIN ▶ 34-194	569	5

614-488-3126

Phone no.

Use Only

Preparer Firm's name ► SS&G, INC

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

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.

OMB No 1545-0047

2011

Employer identification number Name of the organization 27-4199218 58 PARTNERS FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable 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)(vi) 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, total 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, charitable, etc., purposes, but these contributions did not total 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2011)

Name of organization

Employer identification number

58 PARTNERS FOUNDATION

27-4199218

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GOSH ENTERPRISES 2500 FARMERS DRIVE, SUITE 140 COLUMBUS, OH 43235	\$\$\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and 2m + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
123452 01-2	3-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2011)

Employer identification number

58 PARTNERS FOUNDATION

27-4199218

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional 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
		\$	
(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
123453 01-23		\$Schodulo B/Form 6	90, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

8 PAR	THERS FOUNDATION		27-4199218		
Part III	Exclusively feligious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, euglicate copies of Part III if addition	ividual contributions to section 50 1(c)(the following line entry. For organization: tc., contributions of \$1,000 or less for the	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter ne year. (Enter this information once) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
-	Transferee 3 Hame, address, a		- Nelationship of dansler of to dansler ee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-					
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
-	Translate of S Hame, address, a		netationing of authorors to authorors		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-					
	Transferoe's name address	(e) Transfer of gift			
-	Transferee's name, address, a	#IIV 417 T T	Relationship of transferor to transferee		
-					

58 PARTNERS FOUNDATION

Part XV | Supplementary Information

Part XV Supplementary Information 3 Grants and Contributions Pard During the				·
Recipient	If recipient is an individual,	Earnadation	Durnass of seast se	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRONTLINE NATIONS	N/A	PUBLIC CHARITY	TRANSPORTATION,	
			MATERIALS, FOOD TO	
5 ERW ROAD, LLANELLI, CAR, UNITED			TRAIN MISSIONAIRES AND	
KINGDOM			FOOD & LODGING FOR	
			TRAINEE MISSIONARIES	145,231
INN CHRISTIAN TRAINING CENTER	N/A	PUBLIC CHARITY	FOOD AND SHELTER FOR	
INTNERATIONAL			TRAINEE BELIEVERS	
234 WATCHMAN LANE				
FRANKLIN, NC 28734	<u></u>			3,500
INTERNATIONAL FRIENDSHIP, INC.	N/A	PUBLIC CHARITY	TO PROVIDE MONIES FOR	
195 CHITTENDEN AVENUE			THEIR PROGRAM SERVICES	
COLUMBUS, OH 43201			SUCH AS SUPPLIES AND	
			MATERIALS, MEALS,	
			EQUIPMENT AND	11,000
KING'S KIDS MINNESOTA, INC.	N/A	PUBLIC CHARITY	TRANSPORTATION,	
634 2ND AVENUE NE			MATERIALS, FOOD TO	
CAMBRIDGE, MN 55008			EVANGELIZE AND HELP	
			CHILDREN, YOUTH, AND	
			FAMILIES, AND TO	5,000
KOREAN CHURCH OF COLUMBUS	N/A	PUBLIC CHARITY	FOOD AND SHELTER FOR	
2825 SNOUFFER ROAD	i		ORPHANED CHILDREN IN	
COLUMBUS, OH 43235			ITIAH	1,000
MINORITIES FOR CHRIST INTERNATIONAL	N/A	PUBLIC CHARITY	TRANSPORTATION,	
P.O. BOX 62047			MATERIALS, FOOD,	
SUNNYDALE, CA 94088			SHELTER TO TRAIN	
			MINORITY YOUNG	
			GENERATION (CHRISTIAN	10,802
MISSON BY CHINESE & DISCIPLESHIP	N/A	OTHER CHARITY	TRASPORTATION FOR	_
TRAINING SCHOOL			MISSION TRIPS AND FOOD	
			& MATERIALS FOR POOR	
CHINA			PASTORS, SEMINARY	
			STUDENTS, AND THEIR	6,000
SAVE MINISTRY	N/A	PUBLIC CHARITY	TO PAY FOR THE	
46 E 150 SOUTH			MINISTER WHO SUPPORTS	
PRINCETON, IN 47670			THE PROGRAM SERVICES	26,150
STRATEGIC CHINA INITIATIVE	N/A	PUBLIC CHARITY	TRANSPORTATION &	
414 WEST 51ST			COMMUNICATION FOR	
NEW YORK, NY 10019			MISSION TRIPS, AND	
			FOOD & MATERIALS TO	
			TRAIN CHRISTIAN	12,000
TAIPEI EVERY NATION INTERNATIONAL	N/A	PUBLIC CHARITY	TITHES, DONATIONS FOR	
CHURCH			OTHER MINISTRIES, FOOD	
			& TRANSPORTATION FOR	
4TH F 46 LANE 133 JINNG F, TAIWAN			STUDENTS AND GUEST	
·			SPEAKERS	6,000
Total from continuation sheets				243,283.

58 PARTNERS FOUNDATION

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			
THE 2GN	N/A	PUBLIC CHARITY	TO ASSIST WITH PROGRAM	
016 WILLOWMERE LANE			SERVICE OPERATING	
CAMBRIDGE, MD 21613			EXPENSES SUCH AS	
			OFFICE SUPPLIES,	
			FRANSPORTATION, ETC.	8,00
OUTH WITH A MISSION - AFRICA	N/A	PUBLIC CHARITY	"TRANSPORTATION TO	
			VISIT LOCAL PASTORS,	
POSTNET SUITE 84 PRIVATE , SOUTH			FOOD AND MATERIALS FOR	
AFRICA			ORPHANED CHILDREN,	3 60
			RESOURCES TO TRAIN	3,60
YOUTH WITH A MISSION - WASHINGTON DC	N/A	PUBLIC CHARITY	TO PAY FOR RENT FOR	
P.O.BOX 15287			THE SPACE USED FOR	
WASHINGTON, DC 20003			MINISTRY	5,00
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58 PARTNERS FOUNDATION 27-4199218 Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - AFRICA CASSAVA MISSIONS	
SUPPLIES AND EQUIPMENT TO COMPLETE VARIOUS CONSTRUCTION PROJECTS ON	_
SCHOOLS AND CHURCHES IN RURAL AREAS IN AFRICA	
NAME OF RECIPIENT - AMPEKO	
TRANSPORTATION FOR MISSION TEAM & FOOD AND BASIC SUPPLIES FOR REMOTE &	
POOR COMMUNITIES IN LATIN AMERICAN COUNTRIES	
NAME OF RECIPIENT - AROMA CHILDREN HOME	
TRANSPORTATION FOR MISSION TEAM & FOOD AND BASIC SUPPLIES FOR REMOTE &	
POOR COMMUNITIES IN LATIN AMERICAN COUNTRIES	
NAME OF RECIPIENT - CHILDREN OF JESUS	-
FOOD, EDUCATION, CHURCH BIBLE STUDY, BASIC MEDICAL CARE EXPENSES FOR	
POOR CHILDREN; FOOD, TRANSPORTATION, & MATERIALS FOR PASTORS, YOUTH	
LEADERS, & YOUTHS IN POOR VILLAGES IN PERU; MISSION TRIP EXPENSES	
NAME OF RECIPIENT - EVERY NATION	
TRANSPORTATION TO VISIT PEOPLE IN NEED (THE HOMELESS, DRUG ADDICTS,	
MINORITY PEOPLES, ABANDONED CHILDREN) AND FOOD & MATERIALS TO TRAIN	
CHRISTIANS\	
NAME OF RECIPIENT - FRONTLINE NATIONS	

TRANSPORTATION, MATERIALS, FOOD TO TRAIN MISSIONAIRES AND FOOD &

LODGING FOR TRAINEE MISSIONARIES FOR THIRD WORLD COUNTRIES

NAME OF RECIPIENT - INTERNATIONAL FRIENDSHIP, INC.

TO PROVIDE MONIES FOR THEIR PROGRAM SERVICES SUCH AS SUPPLIES AND

SOURCE	NT	STATEMEN	RITIES	T FROM SECUE	AND INTER	FORM 990-PF DIVIDENDS
MERRILL LYNCH 317. 0. TOTAL TO FM 990-PF, PART I, LN 4 394. 0. FORM 990-PF LEGAL FEES STATEMEN (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARL NET INCOME PURP CHARL NET INCOME PURP LEGAL FEES 5,244. 0. 5 TO FM 990-PF, PG 1, LN 16A 5,244. 0. 5 FORM 990-PF OTHER PROFESSIONAL FEES STATEMEN DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARL NET INCOME PURP INVESTMENT MANAGEMENT FEES 4,621. 4,621. TO FORM 990-PF, PG 1, LN 16C 4,621. 4,621. FORM 990-PF OTHER EXPENSES STATEMEN DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARL NET INCOME PURP FORM 990-PF OTHER EXPENSES STATEMEN DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARL NET INCOME PURP DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARL NET INCOME PURP DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARL NET INCOME PURP		COLUMN AMOUN			GROSS	SOURCE
Ca	77 317					
(A)	394		0.	394.	4	TOTAL TO FM 990-PF, PART I, L
DESCRIPTION EXPENSES PER BOOKS MENT INCOME NET INCOME PURP LEGAL FEES 5,244. 0. 5 TO FM 990-PF, PG 1, LN 16A 5,244. 0. 5 TOFM 990-PF OTHER PROFESSIONAL FEES STATEMEN (A) EXPENSES NET INVEST- ADJUSTED CHARI PURP EXPENSES NET INVEST- ADJUSTED CHARI PURP INVESTMENT MANAGEMENT FEES 4,621. 4,621. TO FORM 990-PF, PG 1, LN 16C 4,621. 4,621. CA) EXPENSES NET INVEST- ADJUSTED CHARI PURP OTHER EXPENSES TO FORM 990-PF, PG 1, LN 16C (A) EXPENSES NET INVEST- ADJUSTED CHARI PURP OTHER EXPENSES STATEMEN (B) (C) (D) (C) (D) (C) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	NT	STATEMEN		rees	LEGAL	FORM 990-PF
TO FM 990-PF, PG 1, LN 16A 5,244. 0. 5 FORM 990-PF OTHER PROFESSIONAL FEES STATEMEN (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	ITABL		ADJUSTED	NET INVEST-	XPENSES	DESCRIPTION
FORM 990-PF OTHER PROFESSIONAL FEES STATEMEN (A) EXPENSES NET INVEST- ADJUSTED CHARI PER BOOKS MENT INCOME NET INCOME PURP INVESTMENT MANAGEMENT FEES 4,621. 4,621. TO FORM 990-PF, PG 1, LN 16C OTHER EXPENSES STATEMEN (A) EXPENSES NET INVEST- ADJUSTED CHARI PER BOOKS MENT INCOME NET INCOME PURP EXPENSES NET INVEST- ADJUSTED CHARI PER BOOKS MENT INCOME PURP BANK FEES 663. 0.	5,244	5		0.	5,244.	LEGAL FEES
TO FORM 990-PF OTHER EXPENSES (A) (B) (C) (D) (D) EXPENSES NET INVEST- NET INCOME NET INCOME PURP 1NVESTMENT MANAGEMENT FEES 4,621. 4,621. TO FORM 990-PF, PG 1, LN 16C (A) (B) (C) (D) (D) (D) (D) (D) (D) (D	5,244	5		0.	5,244.	TO FM 990-PF, PG 1, LN 16A =
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARI PER BOOKS MENT INCOME NET INCOME PURP NET INCOME INVESTMENT MANAGEMENT FEES 4,621. 4,621. TO FORM 990-PF, PG 1, LN 16C (A) (B) (C) (D EXPENSES NET INVEST- ADJUSTED CHARI PER BOOKS MENT INCOME NET INCOME PURP NET INCO	NT	STATEMEN		ONAL FEES	IER PROFES	FORM 990-PF 0
TO FORM 990-PF, PG 1, LN 16C 4,621. 4,621. FORM 990-PF OTHER EXPENSES STATEMEN (A) (B) (C) (D EXPENSES NET INVEST- ADJUSTED CHARI PER BOOKS MENT INCOME PURP BANK FEES 663. 0.			ADJUSTED	NET INVEST-	XPENSES	DESCRIPTION
FORM 990-PF OTHER EXPENSES (A) (B) (C) EXPENSES DESCRIPTION PER BOOKS MENT INCOME PURP BANK FEES 663. 0.	0			4,621.	4,621.	INVESTMENT MANAGEMENT FEES
DESCRIPTION (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME PURP 663. 0.	0			4,621.	4,621.	TO FORM 990-PF, PG 1, LN 16C
DESCRIPTION DESCR	NT	STATEMENT		PENSES	OTHER E	FORM 990-PF
			ADJUSTED	NET INVEST-	EXPENSES	DESCRIPTION
	663 9,202	9,				
TO FORM 990-PF, PG 1, LN 23 9,865. 0. 9	9,865	9		0.	9,865.	TO FORM 990-PF, PG 1, LN 23

- 58 PARTNERS FOUNDATION

FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
STIFEL NICOLAUS MERRILL LYNCH	- -	0.		0.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	0.		0.
FORM 990-PF LIST	OF SUBSTANTIAL CONTRIB	UTORS	STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS			
GOSH ENTERPRISES, INC.	2500 FARMERS COLUMBUS, OH	DRIVE, SUITE 14 43235	10	

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

X

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print 58 PARTNERS FOUNDATION 27-4199218 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date to filing your return See 2500 FARMERS DRIVE, NO. 140 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43235 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return is For Code is For Code Form 990-T (corporation) Form 990 01 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 8870 12 Form 990-T (trust other than above) INES LEE The books are in the care of > 2500 FARMERS DRIVE, STE 140 - COLUMBUS, OH 43235 Telephone No. ► 614-923-4700 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 📖 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason. Final return □ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 88	68 (Rev 1-2012)					Page 2		
● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
Note. O	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868			
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I (on page 1)					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
			Enter filer's	identifyir	ng number, see in	structions		
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification num	nber (EIN) or		
print	print							
File by the	58 PARTNERS FOUNDATION		_	X	27-41992	<u> 18</u>		
due date fo filing your	Number, street, and room or suite no if a P O box, s	ee instruc	tions.	Social se	curity number (SS	N)		
return See	2500 FARMERS DRIVE, NO. 140							
instructions	Columbus, OH 43235	oreign add	ress, see instructions.					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Applica	tion	Return	Application			Return		
Is For		Code	is For			Code		
Form 99	0	01						
Form 99	0-BL	02	Form 1041-A			08		
Form 99	0-EZ	01	Form 4720			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
STOP! [o not complete Part II if you were not already granted	l an auton	natic 3-month extension on a prev	iously file	ed Form 8868.			
	INES LEE							
	pooks are in the care of 2500 FARMERS DI	KIAR'		з, он	43235			
	hone No ▶ 614-923-4700		FAX No 🕨					
	organization does not have an office or place of business				•			
	is for a Group Return, enter the organization's four digit	1						
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extension	is for		
		MOVEM	BER 15, 2012					
	or calendar year 2011 , or other tax year beginning		, and ending			<u> </u>		
6 lf	the tax year entered in line 5 is for less than 12 months, c	heck reas	on	_ Final r	eturn			
	Change in accounting period							
7 St	ate in detail why you need the extension			<u> </u>				
	ADDITIONAL TIME IS NEEDED T	O GAT	HER AND PREPARE A	COMPL	ETE AND			
_	ACCURATE RETURN.		·		 			
	Use a selection of the Ferral COO DI COO DE COO T 4700	0000 -	atouth a toptotura tour loss and		ı			
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	mer the tentative tax, less arry	8a	s	0.		
	onrefundable credits See instructions this application is for Form 990-PF, 990-T, 4720, or 6069,	ontor any	refundable credits and estimated	Oa .	Ι Ψ			
	x payments made. Include any prior year overpayment all							
	reviously with Form 8868.	owed as a	credit and any amount paid	8b	\$	0.		
_		vment wit	h this form if required by using	100	Ψ			
	c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$							
			st be completed for Part II o		<u>1 ₹ </u>	0.		
Under pe it is true.	natties of perjury, I declare that I have examined this form, includ correct, and complete, and that I have examined the form, included the correct and complete, and that I have examined this form, include the correct this form.	ing accomp	<u>-</u>	-	f my knowledge and	belief,		
Signature		CPA		Date	▶ 08/02,	/12		
olynatul t	Hoelzer CPA Does 2017.08.03 13 16.02 OF OF	<u> </u>		המוכ	Form 8868 (F			

Form 8868 (Rev 1-2012)