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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

B Completed Co	A .	Ear the	2012 calendar year, or tax year beginning and endi	ina		
HOBAN TRUST FUND, INC. 34-1204223 Doing Business As Number and street (or P.O. box if make not delivered to street address) Room/state Telephone number: 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-6558 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-773-658 330-7	_			9	D Empleyer identif	lication number
Cong Business As Cong Dunness As Cong Dunn	В	Check if applicable	C Name of organization		D Employer Identi	ncation number
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Take-wempt status Solicity					24	1004000
Number of outs measured to state and uses Number of and street (0 P.O. out mas is not worked to state and uses) Number of outs mass of the content of	느	change				
Cry, town, or post office, state, and ZIP code ARRON, OH 44306 F Name and address of principal officer STEPHEN M. HAMMERSMITH Tax-exempt status \$300 EMBASSY PARKYAY, SUITE \$300, ARRON, OH 44306 Tax-exempt status \$200(3) \$50(6) \$4 (insert), 497(6)(1) or \$221	느	return	· · · · · · · · · · · · · · · · · · ·	m/suite		
March Marc	느	ated	ONE HOLL CROSS BOOLEVARD		330-	
Figure	L	return	City, town, or post onice, state, and ZIP code		G Gross receipts \$	1,342,150
Same and address of pnnocpal officer STEP HEN M ARAMSMENT H ARAMSM		Ition	ARRON, OH 44500		H(a) Is this a group	
Tackement status S01(c)(3) S01(c) (ensert no.) 4947(a)(1) or S27 If "No." attach a list; see instructions J Website: N/A		penair	F Name and address of principal officer STEPHEN M. HAMMERSMIT	ΓH	for affiliates?	<u></u> Yes <u>X</u> No
Summary			3800 EMBASSY PARKWAY, SUITE 300 , AKRON,	OH	H(b) Are all affiliates in	ncluded? 🔲 Yes 🔲 No
Summary	<u> </u>	Tax-exe	empt status. X 501(c)(3)	527	If "No," attach	a list. (see instructions)
Part Summary	_				H(c) Group exempts	on number 🕨
Part Summary				L Year	of formation: 1978	M State of legal domicile: OI
1 Briefly describe the organization's mission or most significant activities. TO PROVIDE SCHOLARSHIP ASSISTANCE FOR STUDENTS AT ARCHBISHOP HOBAN HIGH SCHOOL AND ALSO Check this box	P	art I				
ASSISTANCE FOR STUDENTS AT ARCHBISHOP HOBAN HIGH SCHOOL AND ALSO Check this box				VIDE	SCHOLARSH	[P
**Number of independent volum framements of the governing odery leaf volume (a) in the pendent v	ဥ					
**Number of independent volum framements of the governing odery leaf volume (a) in the pendent v	a d					
Number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 1 1 1 1 1 1 1 1 1	Š			31 111010		
**Number of individuals employed in calendar year 2012 (Part V, line 2a)	. Ĝ	i .			.	
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (A) 9 Prior Year 192,124. 370,706 9 Program service revenue (Part VIII, line 1h) 192,124. 370,706 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising espenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), lines 15) 18 Total expenses (Part IX, column (A), lines 15) 19 Revenue less expenses (Part IX, column (A), lines 15) 19 Total alassets (Part X, line 16) 10 Total assets (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Not alassets or fund balances Subtract line 18 from line 20 10	- ಆರ	1	•			
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ijes	1	• • • • • • • • • • • • • • • • • • • •			
Second part	<u> </u>	1	· · · · · · · · · · · · · · · · · · ·		· —	
8 Contributions and grants (Part Vill, line 1h)	Ş				· -	
Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 22 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		b	Net unrelated business taxable income from Form 990-T, line 34			1
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16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 12f) 19 Revenue less expenses Subtract line 18 from line 2 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 2 from line 20 22 Net assets or fund balances Subtract line 2 from line 20 23 Net assets of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Delaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or print name and title Print/Type preparer's name ROBERT B. MARKS Preparer Use Only Firm's address PO BOX 35429 Phone no. (330) 497-2000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No. 232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	"					•
17 Other expenses (Part IX, column (A), lines 11a-11a, 11a-12a, 11	Se			-		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here STEPHEN M. HAMMERSMITH, CHAIRMAN Type or print name and title Print/Type preparer's name ROBERT B. MARKS Preparer Firm's name BRUNER-COX LLP Use Only Firm's address PO BOX 35429 CANTON, OH 44735-5429 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	gg.	21	الويد والمستحد والمست			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Bignature officer Signature officer Signature officer Date Print/Type preparer's name Print/Type preparer's name Preparer Preparer Prim's name BRUNER-COX LLP Use Only Firm's address PO BOX 35429 CANTON, OH 44735-5429 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No. Check PTIN Firm's EIN 34-0641962 Phone no. (330)497-2000 X Yes No. 232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)					6,654,409.	7,525,621
Sign Here STEPHEN M. HAMMERSMITH, CHAIRMAN Type or print name and title Print/Type preparer's name ROBERT B. MARKS Firm's name BRUNER-COX LLP Firm's address PO BOX 35429 CANTON, OH 44735-5429 May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer shown and preparer is based on all information of which preparer has any knowledge.						
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Paid ROBERT B. MARKS Firm's name BRUNER-COX LLP Use Only Firm's address PO BOX 35429 CANTON, OH 44735-5429 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Pod 224627 Firm's EIN 34-0641962 Phone no. (330)497-2000 X Yes No.			Print/Type preparer's name Dreparer's aggrature			PTIN
Preparer Firm's name BRUNER-COX LLP Firm's elln 34-0641962 Use Only Firm's address PO BOX 35429 Phone no. (330)497-2000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No. (232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	Paid	1		C 1	self-emplo	yed P00224627
Use Only Firm's address PO BOX 35429 CANTON, OH 44735-5429 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Phone no. (330)497-2000 X Yes No. (232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)	Pre	parer	Firm's name BRUNER-COX LLP	•	Firm's EIN	
CANTON, OH 44735-5429 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. Phone no. (330)497-2000 X Yes No. 1232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)						
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232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012	May	v the IF				
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Form	n 990 (2012) HOBAN TRUST FUND, INC.	34-1204223	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: TO PROVIDE SCHOLARSHIP ASSISTANCE FOR STUDENTS AT ARCHB. HIGH SCHOOL AND ALSO SUPPORT SCHOLASTIC PROGRAMS AT ARCHB. HIGH SCHOOL.	ISHOP HOBAN HBISHOP HOBA	N
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	ers, the total expenses,	and
4a	(Code) (Expenses \$ 243,493. including grants of \$ 243,493.) (Revented by the control of the con	HOP HOBAN HI	
	(Code) (Expenses \$ including grants of \$) (Reven		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	10 \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses ► 243,493.		
		Form \$	90 (2012)

Form 990 (2012) HOBAN TRUST FUND, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	İ		
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		•	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	1		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			17
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١		3.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a		14a		
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u> </u>		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- ``		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -	-	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	2012

Form 990 (2012) HOBAN TRUST FUND, INC.

Part IV Checklist of Required Schedules (continued)

21 but the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, colimin (A), inc. 17 if "Fes," complete Schedule I, Parts I and III . 22				Yes	No
United States on Part IX, column (A), line 17 if 17 ex, "complete Schedule I, Parts I and II 2 Did the organization eport more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if 17 ex, "complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VIII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I was sessioned as a section \$2.00 or 10 to 10	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
22 Did the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), the 21 if 'Yes, 'complete Schedule I, Parts I and III. 23 Did the organization answer "Yes' to Part VII, Section A, the 3, 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule K. If 'No', go to line 25 Schedule V. If 'No', go to line 25 Did the organization have a tax-exempt bond issue with an outstanding pmicropal amount of more than \$10,0000 as of the tast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24a Did the organization and 501c()4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year If I'Yes, complete Schedule L, Part II did that the transaction has not been reported on any of the organization sport forms 990 or 990.527 if "Yes," complete Schedule L, Part II and that the transaction has not not or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person or unstanding as of the end of the organizations is at year? If "Yes," complete Schedule L, Part IV and the organization part of the organizatio			21	X	
column (A), line 27 ii "Yes," complete Schedule I, Parts I and III 22 X 24 Did the organization answer "Yes" to Part IV (Section A), line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L if "Hos", or to line 25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? column (A) the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? bid the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year of declare any tax-exempt bonds? bid the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? bid to the organization and the temporary time of the organization engage in an excess benefit manaschon with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part IV bis the organization may be year? If "Yes," complete Schedule I, Part IV and the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part IV bid the organization provide a grant or other assistance to an officer, director, trustee, key employee, use sharing the propose, and the propose of the propose of the organization in provide schedule I, Part IV a	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 6 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 7 Did the organization invest any proceeds of tax exempt bonds every any tax exempt bonds? 8 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 9 Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 10 If the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 11 Did the organization are access benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990 cf.22? If "Yes," complete Schedule L, Part I 12 Was a ban to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 12 If the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, agrant selection committee member, or to a 59% controlled entity or time the organization or applicable fing thresholds, conditions, and exceptions): 12 A Comment of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 13 A Comment of vince or underect owner? If "Yes," complete Schedule L, Part IV 14 A Comment of the organization receive any time or the organiza			22_		X
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Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002* If "Yes," answer lines 245 through 24d and complete Schedule K. If "No", go to line 25 bill of the organization ninest any proceeds of tax-exempt bonds beyond a temporary period exception? Of the organization ninest any proceeds of tax-exempt bonds beyond a temporary period exception? Of the organization naves than an escreew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? If the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					
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Schedule K. If 'No': go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minist an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 15 is the organization waves that it engaged in an excess benefit transaction with a disqualified person during the year? 25s 15 is the organization have that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If 'Yes,' complete Schedule L, Part I 25b	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 246 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 247 248 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 258 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on a price of the organization and that its reated as a partnership for federal income tax purposes? If "Yes," complete Schedule I., Part II and the organization or organization and that its treated as a partnership for federal income tax purposes? If "Yes," complete Schedule I., Part IV and the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV and the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV and the organization or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or family member thereof) was an officer, director, tr		Schedule K. If "No", go to line 25	24a		<u>X</u>
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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	J,	, , , , , , , , , , , , , , , , , , ,	37		x
Note. All Form 990 filers are required to complete Schedule O	38		_ 		
			38	х	
					(2012)

	990 (2012) HOBAN TRUST FUND, INC. 34-1204	<u> 223</u>	<u>_P</u> ;	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		37
	to file Form 8282?	7c		<u> X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/''		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	i I		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L =
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schodule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2_		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			i
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6_	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	}		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization .	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	icial	
	statements available to the public during the tax year.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion:		
	MITCHELL CUPACH, DIRECTOR OF FINANCE - 330-773-6658			
23200		 -	000	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(É)	(F)
Name and Title	Average	(40	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	dad	recto	or/trus	(tee	from	from related	other
	(list any	recto	1					the	organizations	compensation
	hours for	P To	ぉ			zated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	fust		8	Dead		(W-2/1099-MISC)		organization and related
	below	E T	<u>F</u>		l ğ	2 5				organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHEN M. HAMMERSMITH	1.00									
CHAIRMAN	1.00	X		X				0.	0.	0.
(2) DR. CHARLES PETER	0.20								_	_
SECRETARY	0.00	X		X				0.	0.	0.
(3) MICHAEL MARKOWSKI	1.00]								
TREASURER	0.00	X	<u> </u>	X		ļ.,		0.	0.	0.
(4) DAVID A. AXSON	0.20		l							
BOARD MEMBER	0.00	X				L		0.	0.	0.
(5) GEORGE SARKIS	0.20									_
BOARD MEMBER	0.00	X.				_		0.	0.	0.
(6) JAMES MCCOOL	0.20									
BOARD MEMBER	0.00	X	ļ		_	_		0.	0.	0.
(7) RORY O'NEIL	0.20	l								
BOARD MEMBER	0.00	X	<u> </u>				<u> </u>	0.	0.	0.
(8) STEVEN A. DIMENGO	0.20	ł								•
BOARD MEMBER	1.00	X	_	<u> </u>		-		0.	0.	0.
(9) WILLIAM H. CONSIDINE	0.20	- ₋								_
BOARD MEMBER	1.00	X	<u> </u>	_		├-	_	0.	0.	0.
(10) ALICE LUSE	0.20	↓								_
BOARD MEMBER	1.00	X			<u> </u>	_		0.	0.	0.
(11) BR. KENNETH HADERS	0.20	 								•
PRESIDENT ARCHBISHOP HOBAN HS	40.00	X				\vdash		0.	0.	0.
		-								
										
						\vdash	\vdash			
		_					_			
		-								
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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck	C) stion more rson		one h an	(D) Reportable	(E) Reportable compensation from related	on	Esti amo	(F) mated ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis	- (orgai	m the nization relate	on ed
				-										
								-						
						-								
			-											
			_											
				-	 						\dashv			
1b	Sub-total Sub-total		<u> </u>	<u>_</u>			▶	<u></u>	0.		0.	<u> </u>		0.
Ç	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					>		0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	no re		,000 of reportab				<u> </u>
3	Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	nplo	vee.	. or l	highest compensated e	mplovee on			'es	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch ındıvıdual									}	3		X
	and related organizations greater than \$150	0,000? <i>If "Yes,</i>	" co	mpl	ete S	Sche	edule	e J f	for such individual	-		4		X
5 	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ed organization or indivi	dual for services		5		<u>x</u>
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of com	npens:	ation fro	m	
	the organization. Report compensation for (A)	the calendar y	ear	<u>endı</u>	ng v	vith	or w	ithir	n the organization's tax y	/ear		(C)		
	Name and business	address	N	INC	<u>E</u>			\dashv	Description of s	ervices	C	ompens	ation	
														
								4						
<u>2</u>	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati		ot li	mite ——	d to		se lis)	sted	l above) who received m	ore than				
												Form 90	20 (20	11 O

Pa	rt V	VIII Statement of Revenue			_	
		Check if Schedule O contains a response to any question			· (0)	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Service Contributions, Gifts, Grants and Other Similar Amounts	2	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	370,706.			313, 01 314
Program Service Revenue		c d e f All other program service revenue				
		g Total. Add lines 2a-2f				ļ
	3 4 5	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	209,833.			209,833
		(i) Real (ii) Personal b Less. rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7	a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses (i) Securities (ii) Other 761,611.				
		c Gain or (loss) d Net gain or (loss)	22,514.			22,514.
Other Revenue		a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a	22,314.			22,314
Other F	9	b Less: direct expenses b c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b				
	10	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code b c d All other revenue	В			
	12	e Total Add lines 11a-11d Total revenue See instructions	603 053	0	0	232 347

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Form 990 (2012)	HOBAN TRUST	FUND, II	<u>NC.</u>		
Part IX Statement of	Functional Expens	es			
Section 501(c)(3) and 501(c)(4)) organizations must com	plete all columns	. All othe	r organizatioi	ns must c

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		s Part IX		. (0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	243,493.	<u>243,493.</u>		· - · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				 -
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				···
е	Professional fundraising services. See Part IV, line 17	43,132.		43,132.	
f	Investment management fees	43,132.		43,132.	
g	Other (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	 ,			
13	Office expenses . Information technology				
14					
15	Royalties Occupancy				
16 47	Travel				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-	-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	,				
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	286,625.	243,493.	43,132.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Farm 000 (0010)

art	X	Balance Sheet				
		Check if Schedule O contains a response to any qu	estion in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	•		1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net	•		4	
	5	Loans and other receivables from current and former	r officers, directors,			
		trustees, key employees, and highest compensated	employees Complete			
		Part II of Schedule L .			5	
-	6	Loans and other receivables from other disqualified	persons (as defined under			
		section 4958(f)(1)), persons described in section 495	58(c)(3)(B), and contributing			
1		employers and sponsoring organizations of section	501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Co	mplete Part II of Sch L		6	
	7	Notes and loans receivable, net			7	
	8	Inventones for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other		•		
		basis. Complete Part VI of Schedule D	a			
	b	Less: accumulated depreciation	b		10c	
	11	Investments - publicly traded securities		11	7,462,038	
ı,	12	Investments - other securities See Part IV, line 11	6,654,409.	12		
İ	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	150,445
	16	Total assets. Add lines 1 through 15 (must equal lin	6,654,409.	16	7,612,483	
	17	Accounts payable and accrued expenses			17	
1	18	Grants payable		18		
1	19	Deferred revenue			19	- · · · · · · · · · · · · · · · · · · ·
:	20	Tax-exempt bond liabilities			20	
:	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
- :	22	Loans and other payables to current and former offi	cers, directors, trustees,			
-		key employees, highest compensated employees, a	nd disqualified persons.			
		Complete Part II of Schedule L			22	
:	23	Secured mortgages and notes payable to unrelated	third parties		23	
:	24	Unsecured notes and loans payable to unrelated th	rd parties		24	
:	25	Other liabilities (including federal income tax, payab	es to related third			
		parties, and other liabilities not included on lines 17	24) Complete Part X of			
		Schedule D		0.	25	86,862
1:	26	Total liabilities, Add lines 17 through 25		0.	26	<u>86,862</u> .
		Organizations that follow SFAS 117 (ASC 958), cl	neck here 🕨 🐰 and			
-		complete lines 27 through 29, and lines 33 and 3	I .			
:	27	Unrestricted net assets		6,654,409.	27	1,748,615
:	28	Temporanly restricted net assets			28	5,777,006
- :	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC	958), check here 🕨 📖			
		and complete lines 30 through 34.			}	
;	30	Capital stock or trust principal, or current funds			30	
;	31	Paid-in or capital surplus, or land, building, or equip	ment fund		31	
	32	Retained earnings, endowment, accumulated incom	e, or other funds		_32	
;	33	Total net assets or fund balances		6,654,409.	33_	7,525,621.
- i .	34	Total liabilities and net assets/fund balances		6,654,409.	34	7,612,483.

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orm	990 (2012) HOBAN TRUST FUND, INC. 34-	1204223	Pag	_{le} 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		3,0	
2	Total expenses (must equal Part IX, column (A), line 25)		5,6	
3	Revenue less expenses. Subtract line 2 from line 1			<u> 28.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,654		
5	Net unrealized gains (losses) on investments 5	616	5,1	<u> 19.</u>
6	Donated services and use of facilities			
7	Investment expenses 7			
8	Prior penod adjustments . 8	<u>-61</u>	<u>L,3</u>	<u>35.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	<u>7,525</u>	5,6	<u>21.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			Ш
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		ı	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	1		
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:]	
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	t		
	Act and OMB Circular A-133?	3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	t T		
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ъ		
		Form 9	9 90 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 34-1204223 HOBAN TRUST FUND, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c X Type III - Functionally integrated d ____ Type III · Non-functionally integrated a Type I e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes Yes Yes No No ARCHBISHOP HOBAN HIGH S34-0770684 243,493. X X X 243,493. **Total**

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Page 2 Schedule A (Form 990 or 990-EZ) 2012 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (f) Total (c) 2010 (d) 2011 (e) 2012 Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

11	Total support. Add lines 7 through 10	<u> </u>		
12	Gross receipts from related activities, etc. (see instructions)	12		
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 501(c)(3)	_	
	organization, check this box and stop here		<u>▶</u> [<u> </u>
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a	a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore, check th	iis box and	
	stop here. The organization qualifies as a publicly supported organization		▶[
b	33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	6 or more, che	ck this box	
	and stop here. The organization qualifies as a publicly supported organization	•	►L	
17a	10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pa			
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		▶[
t	10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or	17a, and line 1	15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	n in Part IV how	w the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	anization	▶[
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	and see instru	ctions ►	\Box
	Sche	edule A (Form	990 or 990-EZ) 20	012

Part III Support Schedule for O	_					
(Complete only if you checked t			rganization failed t	o qualify under F	art II. If the organiz	ation fails to
qualify under the tests listed be	low, please comp	olete Part II)				
Section A. Public Support			<u> </u>			
Calendar year (or fiscal year beginning in) ➤ 💆	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-	ĺ					
formed, or facilities furnished in any activity that is related to the	ĺ			1		
organization's tax-exempt purpose	ĺ	!				
3 Gross receipts from activities that		-		1		
are not an unrelated trade or bus-	ĺ					
iness under section 513						Ì
4 Tax revenues levied for the organ-						1
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
•						!
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5			ļ. <u> </u>			
7a Amounts included on lines 1, 2, and	ĺ					
3 received from disqualified persons					 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						<u> </u>
Section B. Total Support						
alendar year (or fiscal year beginning in) ► 🗀	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
Oa Gross income from interest,						
dividends, payments received on securities loans, rents, royalties				1		
and income from similar sources]		
b Unrelated business taxable income						
(less section 511 taxes) from businesses	ĺ					
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business	· ·		·		-	
activities not included in line 10b,				i		
whether or not the business is						
regularly carried on 2 Other income. Do not include gain	-		 	 	+	
or loss from the sale of capital						
assets (Explain in Part IV.)					-	
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	1		<u> </u>
14 First five years. If the Form 990 is for the	ine organization's	s first, second, thi	ra, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>					
ection C. Computation of Public					1 1	
5 Public support percentage for 2012 (lir		=	column (f))		15	
6 Public support percentage from 2011				· · · · · · · · · · · · · · · · · · ·	16	
ection D. Computation of Inves	tment Incom	e Percentage	<u> </u>			
7 Investment income percentage for 201	2 (line 10c, colum	nn (f) divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	011 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2012. If the c			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	=					▶□
b 33 1/3% support tests - 2011. If the c	•	•		• • •		and
line 19 to not more than 22 1/29/ when	•			-		

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Haiii	HOBAN TRUST FUND, INC.	34-1204223
Pa		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nds
•	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	 ··· ·
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	Impermissible private benefit?	Yes No
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	ally important land area
	Protection of natural habitat Preservation of a certified h	• •
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	L Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
D -	Conservation easements.	O''I AI
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	·
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and l	·
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	. .
	(i) Revenues included in Form 990, Part VIII, line 1	\$
_	(ii) Assets included in Form 990, Part X	. ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	.
a	Revenues included in Form 990, Part VIII, line 1	. 5
þ	Assets included in Form 990, Part X	S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 HOBAN T	RUST FUND,	INC.		34-1	204223 Page 2
	rt III Organizations Maintaining C			easures, or Oth	er Similar Ass	ets(continued)
3	Using the organization's acquisition, accessi					
	(check all that apply):		•	•		
а	Public exhibition	d	Loan or excl	nange programs		
b	Scholarly research	e		0 . 0		
c	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	empt purpose in Pa	art XIII
5	During the year, did the organization solicit o					
•	to be sold to raise funds rather than to be ma				. [Yes No
Par	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple			Form 990, Part IV	, line 9, or
12	Is the organization an agent, trustee, custod		lary for contribution	s or other assets no	t included	
10	on Form 990, Part X?		iary for continuation	o or ourior account the	Г	Yes No
	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:	•	. –	
D	ii 1es, explain the arrangement in Fart Am	and complete the for	lowing table			Amount
_	Posicina balance				1c	7 41104111
C	Beginning balance				· · · · · · ·	
a	Additions during the year			•	1d	
e	Distributions during the year				1e	
f	Ending balance		040		_ <u>1f</u>	
	Did the organization include an amount on Fo				L.	Yes No
	If "Yes," explain the arrangement in Part XIII.					
Pai	rt V Endowment Funds. Complete r					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
1a	Beginning of year balance	6,654,409.	6,766,539.	5,623,600.	4,679,022	
þ	Contributions	245,787.	192,124.	562,463,	190,146	
C	Net investment earnings, gains, and losses	848,467,	21,081.	918,521.	1,054,855	-1,319,462,
d	Grants or scholarships	243,493,	283,111.	300,487.	268,33 <u>1</u>	249,200.
e	Other expenditures for facilities					
	and programs					
f	Administrative expenses	43,132.	42,224,	37,558,	32,092	54,199,
g	End of year balance	7,462,038,	6,654,409.	6,766,539,	5,623,600	4,679,022.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as		
а	Board designated or quasi-endowment	23.24	%			
	Permanent endowment ▶ .00	%	_			
	Temporarily restricted endowment ▶ 7	6.7 6 %				
	The percentages in lines 2a, 2b, and 2c shou					
3a	Are there endowment funds not in the posse	·	tion that are held ar	nd administered for t	the organization	
-	py.				•	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations				•	3a(ii) X
h	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?			3b
4	Describe in Part XIII the intended uses of the			•		00
	t VI Land, Buildings, and Equipm					
	Description of property	(a) Cost or ot	·· — T	or other (c) A	ccumulated	(d) Book value
	bescription of property	basis (investm	1 , ,	',	preciation	(u) Book value
10	Land		, , , , , , , ,			
	Buildings					
	•					
	Leasehold improvements		+			
	Equipment					
	Other	<u> </u>	<u> </u>			
ı otal	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part 🕽	x, column (B), line 1	υ(c))		<u> </u>

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

232053 12-10-12

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Sche	dule D	(Form 990) 2012 HOBAN TRUST FUND, INC.		34-	1204223 Page 4		
	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R				
1	Total	revenue, gains, and other support per audited financial statements		1			
2		unts included on line 1 but not on Form 990, Part VIII, line 12:					
а		nrealized gains on investments	2a				
b		ted services and use of facilities	2b	1			
c		venes of pnor year grants	2c	1			
d		r (Describe in Part XIII.)	2d]			
e		ines 2a through 2d		2e			
3		ract line 2e from line 1		3			
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:					
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	İ			
b	Other	r (Describe in Part XIII.)	4b]			
С		ines 4a and 4b		4c			
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5_			
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	ırn		
1	Total	expenses and losses per audited financial statements		1			
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:					
а	Dona	ted services and use of facilities	2a				
b	Pnor	year adjustments	2b	}			
С	Other	losses]				
d	Other	(Describe in Part XIII.)					
е		ines 2a through 2d	2e				
3	Subtr	3					
4							
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other	(Describe in Part XIII.)	4b				
c	Add I	ines 4a and 4b		4c			
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5			
Par	t XIII	Supplemental Information					
Comp	olete ti	nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4, Part IV, lines 1	b and	2b, Part V, line 4; Part		
K, line	2, Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional informat	เดก			
PAF	RT V	, LINE 4: THE ORGANIZATION HAS ADOPTED	SPECIFIC INVEST	MEN	T AND		
SPE	<u>IDNI</u>	NG POLICIES FOR ENDOWMENT ASSETS THAT A	TTEMPT TO PRESE	RVE	THE		
POF	RTFC	LIO'S PURCHASING POWER THROUGH ASSET GR	OWTH IN EXCESS	OF	THE		
					· · · · · · · · · · · · · · · · · · ·		
SPE	IDN	NG RATE PLUS THE RATE OF INFLATION. THE	LONG-TERM OBJE	CTI	VE FOR THE		
FUN	ID I	S THAT IT WILL EARN AN AVERAGE ANNUAL R	ETURN OF AT LEA	ST	7.89%.		
		•		-			
<u> AC</u> T	<u>IAU'</u>	RETURNS IN ANY GIVEN YEAR MAY VARY FRO	M THIS AMOUNT.	<u>THE</u>	OBJECTIVE		
<u>IS</u>	TO	MAXIMIZE THE LONG-TERM RETURN WHILE ASS	UMING A REASONA	BLE	AND		
		· · · 					
PRU	DEN	T LEVEL OF RISK.					

Schedule D (Form 990) 2012

Part XIII | Supplemental Information (continued)

TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE ORGANIZATION

RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED

THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT

YIELD (INTEREST AND DIVIDENDS).

IN ACCORDANCE WITH THE HOBAN TRUST FUND DISTRIBUTION POLICY, IT HAS BEEN

DETERMINED A TOTAL OF 5.00% OF THE AVERAGE TOTAL VALUE OF THE ENDOWMENT

FUND BASED ON THE MARKET VALUE AT DECEMBER 31 IMMEDIATELY PRIOR TO THE

BEGINNING OF THE SCHOOL YEAR AND THE LAST DAY OF EACH OF THE ELEVEN

QUARTERS PRIOR TO THAT DECEMBER 31 PLUS THE AGGREGATE AVAILABLE

UNDISTRIBUTED AMOUNTS FROM THE PREVIOUS THREE YEARS WILL BE DISTRIBUTED.

ALL UNRESTRICTED ACCOUNTS ARE REMOVED FROM THIS CALCULATION. THE FUNDS

DISTRIBUTED ARE BOARD DESIGNATED AS UNRESTRICTED FOR ARCHBISHOP HOBAN HIGH

SCHOOL AND ARE TO BE USED FOR OPERATIONS, SCHOLARSHIPS, AND FINANCIAL AID

FOR TUITION DURING THE SCHOOL YEAR IN WHICH THEY ARE DISTRIBUTED.

PART X, LINE 2: THE HIGH SCHOOL AND TRUST FUND ARE EXEMPT FROM FEDERAL

INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE HIGH

SCHOOL AND TRUST FUND HAVE ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION.

MANAGEMENT HAS DETERMINED THE EFFECTS OF THE ADOPTION OF THIS TOPIC TO BE

INSIGNIFICANT; THEREFORE, NO ADJUSTMENTS HAVE BEEN RECORDED AND NO FURTHER

DISCLOSURES ARE REQUIRED.

Schedule D (Form 990) 2012

Schedule I (Form 990) (2012) **≗** Employer identification number 34-1204223 Open to Public OMB No 1545-0047 SCHOLARSHIP ASSISTANCE 2012 ARCHBISHOP HOBAN HIGH Inspection (h) Purpose of grant or assistance X Yes OR STUDENTS AT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SCHOOL, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 CASH TRANSFERED Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 243,493 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) INC. Enter total number of other organizations listed in the line 1 table 34-0770684 HOBAN TRUST FUND, General Information on Grants and Assistance (b) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BOULEVARD or government Name of the organization Department of the Treasury AKRON OH 44306 Internal Revenue Service SCHEDULE (Form 990) Parti Part II

232101 12-18-12

Page 2

34-1204223

Schedule I (Form 990) (2012) HOBAN TRUST FUND, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Gran be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information, Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation
SCHEDULE I, PART I, LINE 2: THE OR	THE ORGANIZATION	ON PROVIDES	S FUNDS ONLY	LY TO	
OP HOBAN HIGH SCHOOL. IN	ACCORDAN	CE WITH TH	ACCORDANCE WITH THE HOBAN TRUST	UST FUND	
EEN I	BEEN DETERMINED	D A MAXIMUM OF	M OF 5.00%	OF THE	
AVERAGE TOTAL VALUE OF THE ENDOWMENT		BASED ON T	FUND BASED ON THE MARKET VALUE	VALUE AT	
OR TO	l .	BEGINNING OF THE	IE SCHOOL YEAR	EAR AND THE	
EACH OF THE ELEVEN OF	ARTERS PR	PRIOR TO THA			
ATT.AF	AMOUNTS	FROM THE F	REVIOUS TH	REE YEARS MAY	
BE DISTRIBUTED ALT. INDERSTRICTED ACCOUNTS ARE REMOVED FROM THIS	STMTO DA	ARE REMOVE	THU MORT U	v.	
י בחיסייים החים יחחוסייים חח					

Schedule I (Form 990) HOBAN TRUST FUND, INC. Part IV Supplemental Information	34-1204	223 Page 2
ARCHBISHOP HOBAN HIGH SCHOOL AND ARE TO BE USED FOR OPERA	ATIONS,	
SCHOLARSHIPS, AND FINANCIAL AID FOR TUITION DURING THE SC		IN WHICH
THEY ARE DISTRIBUTED.		
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SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)
Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 34-1204223 HOBAN TRUST FUND, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUPPORT SCHOLASTIC PROGRAMS AT ARCHBISHOP HOBAN HIGH SCHOOL. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS MADE AVAILABLE TO BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE TRUST FUND HAS NO EMPLOYEES AND DOES NOT COMPENSATE ANY DIRECTOR OR OFFICER. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

OMB No 1545-0047

2012 Open to Public Inspection

▶ See separate instructions.

Employer identification number 34-1204223

(g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Total Income Exempt Code section ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) DPERATION OF A CATHOLIC Primary activity Primary activity 9 INC. HOBAN TRUST FUND ARCHBISHOP HOBAN HIGH SCHOOL - 34-0770684 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2012

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BROTHERS OF HOLY

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HIGH SCHOOL IN THE HOLY

ONE HOLY CROSS BOULEVARD

AKRON, OH 44306

ROSS TRADITION,

232181 12-10-12 LHA

Page 2 34-1204223

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Schedule R (Form 990) 2012 HOBAN TRUST FUND, INC.

(a) Name, address, and EiN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, i excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortion- ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Managing Dartner? 5) Yes No	(j) (k) General or Percentage managing ownership partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a rporation or trust durin	s a Corpo g the tax	pration or Trust (Coyear.)	omplete if th	e organizatio	n answered "Y	es" to Form 9	90, Part IV,	line 34 b	ecause it had	one or mo	ore related
(a) Name, address, and EIN of related organization	<u>Z</u> c	P. Prig	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income		(g) Share of lead-of-year assets	(h) Percentage ownership	(i) Section 512(0X13) controlled entity? Yes No
				· -	!							
232162 12-10-12			<u> </u>	30					}	Sched	ule R (For	Schedule R (Form 990) 2012

Yes

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

(d)
Method of determining amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 243,493.CASH 370,706.CASH (c) Amount involved (b)
Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) ф U m Performance of services or membership or fundraising solicitations by related organization(s) Shanng of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Shanng of paid employees with related organization(s) (1) ARCHBISHOP HOBAN HIGH SCHOOL (2) ARCHBISHOP HOBAN HIGH SCHOOL (a)
Name of other organization e Loans or loan guarantees by related organization(s) Exchange of assets with related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ପ୍ର

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Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 HOBAN TRUST FUND, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e)	(a)	(0)	(Đ	(e)	€	(b)	ε	8	(E	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incom (related, unrelated,	Are all partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations	Dispropor Code V-UBI General or Percentage unate amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	under section 512-51	es No	псоте	assets	Yes	(Form 1065)	Yes No	
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Schedule R (I	Form 990) 2012	HOBAN	TRUST	FUND,	INC.	<u> 34-1204223</u>	Page 5
Part VII	Form 990) 2012 Supplemental Infor	mation					
			al information	n for roonen	esos to augstions on Schodule P (see instr	ictions)	
	Complete this part to prov	vide addition	ai informatio	n ior respon	ises to questions on Schedule R (see instru	JCG0115).	
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