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# Form 990-PF

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number THE JEROME KOBACKER CHARITIES FOUNDATION 34-6522097 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 41 S. HIGH STREET 3310 (614)228-6288City or town, state, and ZIP code C If exemption application is pending, check here 43215 COLUMBUS, OH G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 2,714,672. (Part I, column (d) must be on cash basis.) Part | Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (b) Net investment (c) Adjusted net for chantable purposes (cash basis only) expenses per books income income 45,000 N/A Contributions, gifts, grants, etc., received Check ▶ If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 68,177. 68,177 STATEMENT Dividends and interest from securities 5a Gross rents SCANNED JUL 0 1 2013 b Net rental income or (loss) 17,522 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 106,675. 17,522. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) -100 -100STATEMENT 11 Other income 130,599. 85,599 12 Total. Add lines 1 through 11 О. 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Penston-plans, employee benefits Expenses 16a Legal fees 2,500. \$TMT 2,500 Ō. b Accounting fee c Other professional fees Operating and Administrative 17 Interes 2,073. 0. 200. 18 Tax 19 Depreciation Travel, conferences, and meetings Printing and publications STMT 5 207. 148. 59. Other expenses Total operating and administrative 4,780 148. 2,759. expenses. Add lines 13 through 23 126,000. 126,000. Contributions, gifts, grants paid 26 Total expenses and disbursements. 130,780 Add lines 24 and 25 148. 128,759. 27 Subtract line 26 from line 12. -181

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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

85,451

N/A

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)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 Oo

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6 2,501,484.

Form **990-PF** (2012)

Ш	Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income						
			nd(s) of property sold (e g or common stock, 200 shs			`P •	low acq - Purcha - Donati	ase   '	c) Date acqu (mo , day, y		(d) Date sold (mo , day, yr )
1:	a 1000 SHS INFLA	TION-	-PROTECT SEC	ADM			F		1/29/	09	08/09/12
	b 220 SHS REIT I	NDEX	FUND ADM				F	> (	7/09/	07	08/09/12
_	c IOWA STU LN RE	V ARC	CS 12/43				F	7	ARIOU	S	08/06/12
_	d VANGUARD INTER	-TERI	M TREASURY A	DM			P	7	JARIOU	S	VARIOUS
_	e VANGUARD INFLA	TION-	-PROTECT SEC	ADM			P	7	ARIOU	S	VARIOUS
	(e) Gross sales price	(f) (	Depreciation allowed (or allowable)		t or other basis xpense of sale		_		(h) Gain o (e) plus (f) i	r (loss) minus (	) (g)
	a 28,960.				23,55			_			5,409.
	b 20,436.				15,60						4,834.
_	50,000.				50,00	0.					0.
_	d 2,358.										2,358.
_	e 4,921.										4,921.
_	Complete only for assets showing	ng gain in	column (h) and owned by	the foundation	on 12/31/69				Gains (Col. (I		
	(i) F M V as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any			col	(k), but not le Losses (fror		
_	a										5,409.
	<u>b</u>										4,834.
_	С										0.
_	d										2,358.
_	<u>e</u>	·									4,921.
2	Capital gain net income or (net ca	ipital loss)	If gain, also enter  If (loss), enter -0-			.}[	2				17,522.
3	Net short-term capital gain or (los	ss) as defi	ned in sections 1222(5) an	ıd (6)							
	If gain, also enter in Part I, line 8,	•		,		],					
_	If (loss), enter -0- in Part I, line 8					<u></u>	3			N/A	
-	Part V Qualification U	_						ent Inc	ome		
(F	For optional use by domestic private	e foundation	ons subject to the section 4	4940(a) tax on	net investment in	come	9)				
lf	section 4940(d)(2) applies, leave t	his part bl	ank								
		J									
	/as the foundation liable for the sec					uodo	•				Yes X No
1	"Yes," the foundation does not qua										
<u>'</u>	Enter the appropriate amount in (a)	each colui		istructions be	rore making any e				<del></del>		(d)
	Base period years		(b) Adjusted qualifying dis	tributions	Net value of no	(C)		ica accate	1 .	Distrib	oùtion ratio
-	Calendar year (or tax year beginni	ng In)		5,909.	TVEL VALUE OF TIO				(COI	(b) div	vided by col. (c))
_	2011			8,537.	<del></del>			7,728	•		.052512
_	2010			9,828.				760			.053642
_	2009			8,840.							
_	2008			4,624.	<del>-</del> -			5,479 0,242			.054244
-	2007		13	4,024.			, 190	7,242	•	<del></del>	.061465
	Total of line 1, column (d)								2		.273038
3	Average distribution ratio for the			on line 2 by 5,	or by the number	of ye	ars				054600
	the foundation has been in existe	nce if less	than 5 years					•	3		.054608
4	Enter the net value of noncharitat	ole-use as:	sets for 2012 from Part X,	line 5		•			4		2,581,384.
5	Multiply line 4 by line 3								5	-	140,964.
6	Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6		855.
	Add lines 5 and 6	•	, .	••			•				
			• • • • • • •					• •	7		141,819.
8	Enter qualifying distributions from								8		128,759.
_	If line 8 is equal to or greater than See the Part VI instructions	n line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ıg a 1°	% tax ra	ate			

	1990-PF (2012) THE JEROME KOBACKER CHARITIES FOUNDATION 34-6522	097		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctio	าร)
1 a	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)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%		1,7	09.
	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-)			0.
3	Add lines 1 and 2		1,7	09.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,7	09.
6	Credits/Payments Credits/Payments			
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 1,000.			
	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld		•	
7	Total credits and payments Add lines 6a through 6d		1,0	00.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			25.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed g		7	34.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
	rt 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 intervene in		Yes	
	any political campaign?	1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation > \$ O . (2) On foundation managers > \$ O .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
_	managers ▶\$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	<u>X</u>
_	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	3	<b></b>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	Х
	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b	<u> </u>	
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
£	If "Yes," attach the statement required by General Instruction T.			
U	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 amende the coverning instrument on that are monded as a first state of the coverning instrument.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law  remain in the governing instrument?		· ·	
7	remain in the governing instrument?	6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?	7		
	If "Yes," complete Part II, col. (c), and Part XV.			
	Enter the states to which the foundation reports or with which it is registered (see instructions)  OH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			, <del>, , , , , , ,</del>
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
0	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X

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Part 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 foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	,		
If "Yes," attach statement (see instructions)	. 12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A			
14 The books are in care of ▶ JANET L. ROBERTS, SECRETARY  Telephone no ▶ (614)			8
Located at ► 41 S. HIGH ST., STE 3310, COLUMBUS, OH ZIP+4 ►	43215		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>•</b>	
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16_		X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign			
country			Ĺ
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	0		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
a disqualified person? Yes 🔀 N			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?	0		
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days )	0		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 <u>b</u>	ļ	ļ
Organizations relying on a current notice regarding disaster assistance check here	<b>┙</b> │		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2012?	1c	ļ	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5))			
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2012?	0		
If "Yes," list the years ►,,,	.		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			1
statement - see instructions ) N/I	1 . 2b	·	<del> </del>
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	o		
b if "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			1
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2012.)	A   3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	]	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

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orm 990-PF (2012) THE JEROME KOBACKER CHAR			<u>34-652209</u>	97 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	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	4945(e))?	. L Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire	• •		
any voter registration drive?		•	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		L Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		. L Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		. L Ye	ıs 🔀 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	in Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instruc			N/A 5	b
Organizations relying on a current notice regarding disaster assistance check he				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from				
expenditure responsibility for the grant?		I/A YE	es L No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on			
a personal benefit contract?		L Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		6	b X
If "Yes" to 6b, file Form 8870.		<del></del>		
7a At any time during the tax year, was the foundation a party to a prohibited tax st	•	L Ye	es X No	
b If Yes, did the foundation receive any proceeds or have any net income attribu				'b
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Ma	inagers, Highly	<b>y</b>	
List all officers, directors, trustees, foundation managers and their of	compensation			<del></del>
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
JOHN S. KOBACKER	to position	enter -0-)	compensation	allowances
11 S. HIGH ST., SUITE 3310			!	
COLUMBUS, OH 43215	0.00	0.	0.	0.
JAMES KOBACKER	0.00	1	0.	
11 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	0.	0.
JEFFREY KOBACKER		†		
11 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	o .	0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of each analysis and many than 000 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE		<b>†</b>		
-				
		<u></u> .	<u> </u>	
Total number of other employees paid over \$50,000			<b>_</b>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
Total number of others receiving over \$50,000 for professional services	<u> </u>	<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the ed, etc	Expenses
1 N/A		
2		
3		<del></del>
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 line	es 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions  3		
Total. Add lines 1 through 3		0.

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	, 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	2,620,694.
b	Average of monthly cash balances	1b	
	Fair market value of all other assets	10	0.
d	Total (add lines 1a, b, and c)	1d	2,620,694.
е	Reduction claimed for blockage or other factors reported on lines 1a and	***	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,620,694.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,310.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,581,384.
6	Minimum investment return. Enter 5% of line 5	6	129,069.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	129,069.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 2a 1,709.		<del></del>
b	Income tax for 2012. (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	1,709.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,709. 127,360.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	127,360.
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	127,360.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	128,759.
b	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	128,759.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	128,759.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies f	or the section
	4940(e) reduction of tax in those years		

Form 990-PF (2012)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	σοιρασ	τεαιο μποι το 2011	2011	2012
line 7				127,360.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2012.				
a From 2007 32,676.				
b From 2008 9,554.				
c From 2009 3,598.				
d From 2010 9,123.				
e From 2011 15,511.				
f Total of lines 3a through e	70,462.			
4 Qualifying distributions for 2012 from		, , , , , , , , , , , , , , , , , , ,		
Part XII, line $4 \triangleright \$$ 128, 759.				
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				127,360.
e Remaining amount distributed out of corpus	1,399.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>white manners of the second s</del>	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	71,861.			
b Prior years' undistributed income Subtract	7170010		.,,,,,,	
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable			<del></del>	
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line	1.1. 11			· · · · · · · · · · · · · · · · · · ·
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract		<del> </del>		
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	32,676.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	39,185.			
10 Analysis of line 9				
a Excess from 2008 9,554.				
b Excess from 2009 3,598.				
c Excess from 2010 9,123.				
d Excess from 2011 15,511.				
e Excess from 2012 1,399.			<b>[</b>	

Form 990-Pi				R CHARITIES			22097 Page 10
Part XIV	Private Operating I	Foundati	ons (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the fe	oundation has received a ruling	or determina	ation letter that	it is a private operating			
founda	tion, and the ruling is effective f	or 2012, ent	er the date of t	the ruling .	. ▶		
<b>b</b> Check	box to indicate whether the four	ndation is a p	rivate operatir	ng foundation described	ın section [	4942(j)(3) or 49	42(j)(5)
	he lesser of the adjusted net		x year		Prior 3 years		
	from Part I or the minimum	(a)	2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	nent return from Part X for						
	ear listed						
b 85% o							···
	ing distributions from Part XII,	<u> </u>					
-	or each year listed						
	its included in line 2c not	-					
	rectly for active conduct of			İ			
•	t activities						
•	ing distributions made directly			1			
	ve conduct of exempt activities						
	ct line 2d from line 2c ete 3a, b, or c for the						
	tive test relied upon						
	s" alternative test - enter						
(1) Va	llue of all assets						
	alue of assets qualifying ider section 4942(j)(3)(B)(i)						
	vment" alternative test - enter		-				
	minimum investment return						
snown listed	in Part X, line 6 for each year						
	ort" alternative test - enter						
	otal support other than gross						
	vestment income (interest,			1			
	vidends, rents, payments on						
	curities loans (section						
	12(a)(5)), or royalties)				-		
(Z) Si	upport from general public and 5 or more exempt						
01 Se	ganizations as provided in ection 4942(j)(3)(B)(iii)						
(3) La	rgest amount of support from						
ar	exempt organization .						
	ross investment Income						
Part XV	Supplementary Inf				if the foundat	ion had \$5,000 or me	ore in assets
	at any time during	the year	r-see inst	ructions.)			
1 Inform	nation Regarding Foundat	ion Manag	jers:				
	y managers of the foundation v				tributions received by	y the foundation before the clo	se of any tax
	out only if they have contributed	more than \$	\$5,000) (See s	section 507(d)(2).)			
NONE				<del>-</del>			
	y managers of the foundation v				(or an equally large p	portion of the ownership of a p	artnership or
other e	entity) of which the foundation h	nas a 10% oi	r greater intere	st			
NONE							
2 Inform	mation Regarding Contribu	ıtion, Gran	t, Gift, Loan	, Scholarship, etc., P	rograms:	•	
Check	here X If the foundation	only makes	contributions	to preselected charitable	organizations and d	oes not accept unsolicited requ	uests for funds. If
the fo	ındatıon makes gifts, grants, etc	c (see instru	ictions) to indi	viduals or organizations	under other condition	ns, complete items 2a, b, c, and	d d
a The na	ime, address, and telephone nu	mber or e-m	all of the perso	on to whom applications	should be addressed	<b>l</b> ·	
b The fo	rm in which applications should	d be submitte	ed and informa	ition and materials they s	hould include:		
e Any or	ihmission daadlines						
— Ally St	ibmission deadlines						
d Any re	strictions or limitations on awai	rds, such as	by geographic	al areas, charitable fields	, kinds of institutions	s, or other factors.	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or status of recipient **Amount** contribution Name and address (home or business) a Paid during the year CENTRAL INSTITUTE FOR THE DEAF NONE HEALTH 825 TAYLOR AVE ST. LOUIS, MO 63110 1,000. COLUMBUS COLLEGE OF ARTS & DESIGN NONE EDUCATION 60 CLEVELAND AVE COLUMBUS, OH 43215 10,000. KIPP JOURNEY ACADEMY NONE EDUCATION 1406 MYRTLE AVE. COLUMBUS, OH 43211 50,000. OHIO ASSOCIATION OF SECOND HARVEST NONE FOOD/HEALTH FOODBANKS 51 N. HIGH ST. SUITE 761 COLUMBUS, OH 43215 5,000. COLUMBUS ZOO NONE 9990 RIVERSIDE DR. P.O. BOX 400 POWELL, OH 43065 45,000. SEE CONTINUATION SHEET(S) Total ➤ 3a 126,000. b Approved for future payment NONE Total

ter gross amounts unless otherwise indicated	Unrelated t	ousiness income		ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	711104111	code	Amount	Tunction income
a					
b		-	$\bot$		
<u> </u>					<del> </del>
d		<del></del>	+		
e					
f		<del></del>			
<b>g</b> Fees and contracts from government agencies	ļ				
Membership dues and assessments	ļ				
Interest on savings and temporary cash					
investments					
Dividends and interest from securities		~	14	68,177.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			14	-100.	
Gain or (loss) from sales of assets other					
than inventory			18	17,522.	
Net income or (loss) from special events				·	•
Gross profit or (loss) from sales of inventory					
Other revenue		7110			
a					
b					
C		<u> </u>			
d				<u> </u>	
e					
Subtotal Add columns (b), (d), and (e)		0		85,599.	
Total Add line 12 columns (b) (d) and (e)				13	85,5
ee worksheet in line 13 instructions to verify calculations )	•	•••		• • • • • • • • • • • • • • • • • • • •	•
Relationship of Activities to the foundation's exempt purposes (other than	ome is reported in (	column (e) of Part XVI		· · · · · · · · · · · · · · · · · · ·	olishment of
		<del> </del>			
				· · · · · · · · · · · · · · · · · · ·	
L					
LL					

Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	hips With None	charitable		90 10
1 Did the o			of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
	-			7, relating to political organ		o oo . (o, o.			
	from the reporting founda			- · · · · · · · · · · · · · · · · · · ·					
(1) Cash				,			1a(1)		Х
	r assets		•				1a(2)		X
b Other trai			•	• • • • • • •	•		10(2)		
	s of assets to a noncharital	hle evemnt organizati	100				1b(1)		Х
	chases of assets from a no	· -				•			X
	tal of facilities, equipment,	· ·	rganization		• •		1b(2)		X
			•			•	1b(3)		X
	nbursement arrangements			• • •		•	1b(4)		X
	ns or loan guarantees		المعارمة مسا				1b(5)		X
	ormance of services or me		-		• •		1b(6)		X
	of facilities, equipment, ma			pioyees dule Column (b) should al			1c		
				ed less than fair market val				eis,	
	<b>d)</b> the value of the goods,			oo 1055 ulali lali illaliket Vall	uo iii any tiansaction	or anathry arrangem	iont, andW III		
(a) Line no	(b) Amount involved			exempt organization	(d) Decombon	of transfers, transactions	s and sharpe at	rangema	ente
(1) 2.10 1.0	(2) / 11110011 (111101100	(6) 1121110 01	N/A	- CACIMPT OTGUINZATION	(u) bescription	or dansiers, dansacoons	5, 2010 511201119 41	rangeme	
			117 21	<del></del> -	-	·	<del></del>		
				<del></del>			<del></del>		
						<u> </u>			
						-			
				·					
						<del></del> -			<del></del>
	·· <del>-</del> ··-				<del></del>	<del> </del>	<del></del>		
<del></del>	<del></del>								
	······································		_						
				<del> </del>					
			·						
i_				· · · · · · · · · · · · · · · · · · ·					
				or more tax-exempt organ	izations described				_
	n 501(c) of the Code (othe		(3)) or in sect	tion 527?			Yes	LX	No
b If Yes, c	complete the following sch						<del> </del>		
	(a) Name of org	anization		(b) Type of organization		(c) Description of rela	ationship		
	N/A				<u>                                     </u>				
				ng accompanying schedules and			May the IRS	discuss	this
Sign L	beller, it is true, correct, and cor			n taxpayer) is based on all infor	mation of which prepare		return with the shown below	ie prepa	rer
Here	fanct ?	Kokerts		6/12/13	PRESI	ENT OK	X Yes		No
Sig	nature of officer or trustee	)		Date	Title		-		
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if	PTIN		
			1/	~ .0	1	self- employed			
Paid	William D.	lhomas	Willia	em D Thomas	061213	•	P00430	945	
Preparer					1	Firm's EIN ► 20			
Use Only		,				1,111132111720			
	Firm's address ▶ 23	O WEST ST	REET.	SUITE 700		<del> </del>			
		LUMBUS, O				Phone no 61	4-221-	-112	0
	-1					Tribule 110 OT	Form <b>99</b> (		
								- • •	\~~ · ~ /

# THE JEROME KOBACKER CHARITIES FOUNDATION 34-6522097

3 ' Grants and Contributions Paid During the				
Recipient Name and address (home as historia)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
MOTE MARINE LABORATORY & AQUARIUM	NONE		ECOLOGY	
.600 ken thompson parkway Barasota, fl 34326				5,00
Made of the Salato			<del>                                     </del>	3,00
NATIONWIDE CHILDREN'S HOSPITAL	NONE		HEALTH	
P.O. BOX 16810				
COLUMBUS, OH 43272				10,00
		· · · · · · · · · · · · · · · · · · ·		
Total from continuation sheets				15,0

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2012

**Employer identification number** 

THE JEROME KOBACKER CHARITIES FOUNDATION 34-6522097 Organization type (check one): Filers of: Section: \_\_\_ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X 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) (2012)

Name of organization

Employer identification number

#### THE JEROME KOBACKER CHARITIES FOUNDATION

34-6522097

Part I	Contributors (see instructions). Use duplicate copies of Part I if a		1-0322037
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NAN M. K. DELAUBADERE  41 S. HIGH STREET, SUITE 3310  COLUMBUS, OH 43215	\$30,000.	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
2	JEFFREY KOBACKER  41 S. HIGH STREET, SUITE 3310  COLUMBUS, OH 43215	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	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 Payroli 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
223452 12-2		\$Schadula R / Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

## THE JEROME KOBACKER CHARITIES FOUNDATION

34-6522097

Part	Part II N	oncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Description of noncash property given	No. from		FMV (or estimate)	(d) Date received
(a) No. rom Description of noncash property given  (b) No. rom Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (a) No. rom Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (e) No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)  (d) Date received (see instructions)	_			
No. from Description of noncash property given			<b>\$</b>	
(a) No. from Description of noncash property given	No. from		FMV (or estimate)	(d) Date received
(a) No. from Description of noncash property given \$  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received from Description of noncash property given (see instructions)  (a) No. from Description of noncash property given (see instructions)  (b) Description of noncash property given (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received (see instructions)  (e) FMV (or estimate) (see instructions)  (f) Date received (see instructions)  (g) Date received (see instructions)  (h) Description of noncash property given (see instructions)  (g) FMV (or estimate) (see instructions)  (g) Date received (see instructions)				
No. from Description of noncash property given STMV (or estimate) (see instructions) Date received (see instructions)			\$	
(a) No. from Part I  (a) No. (b) Description of noncash property given   FMV (or estimate) (see instructions)   Date received    (b) Date received   See instructions   See instructions   Date received    (a) No. (b) Description of noncash property given   FMV (or estimate) (see instructions)   Date received    (b) Date received   See instructions   Date received    (c) FMV (or estimate) (see instructions)   Date received    (a) No. (b) Description of noncash property given   FMV (or estimate) (see instructions)   Date received    (b) Date received   Date received   Date received    (c) FMV (or estimate) (see instructions)   Date received    (d) Date received   Date received    (e) FMV (or estimate) (see instructions)   Date received    (f) Date received   Date received    (g) D	No. from		FMV (or estimate)	(d) Date received
(a) No. from Part I  (a) No. In Description of noncash property given Part I  (b) Description of noncash property given Part I  (a) No. In Description of noncash property given Part I  (b) Description of noncash property given Part I  (a) No. In Description of noncash property given Part I  (b) Description of noncash property given Part I  (c) FMV (or estimate) (see instructions)  (d) Date received Part I  (e) FMV (or estimate) (see instructions)  (d) Date received Part I  (e) FMV (or estimate) (see instructions)	_			
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. from Description of noncash property given  (a) No. (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date received  (d) Date received  (e) FMV (or estimate) (see instructions)  (d) Date received  (e) FMV (or estimate) (see instructions)				
(a) No. from Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (d) Date received  (see instructions)  Date received	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) FMV (or estimate) (see instructions)  (a) No. (b) Date received  \$  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (see instructions)	_			
No. (b) from Description of noncash property given Part I  (a) No. (b) No. (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (d) FMV (or estimate) (see instructions)  (d) Date received  (d) Date received  (d) Date received  (see instructions)			\$	
(a) No. (b) from Description of noncash property given Part I  (c) FMV (or estimate) (see instructions)  Date received	No. from		FMV (or estimate)	(d) Date received
(a) No. No. Part I  (b) FMV (or estimate) (see instructions)  Date received	_			
No. (b) from Description of noncash property given  Part I  (c) FMV (or estimate) (see instructions)  Date received			\$	
	No. from		FMV (or estimate)	(d) Date received
1			   \$	

Name of organization

Employer identification number

	ROME KOBACKER CHARITIE	S FOUNDATION		34-6522097				
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	the following line entry. For organizations of \$1,000 or less fo	ons completing Part III, enter					
(a) No. from Part I	Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift (c) Use of g		(d) Descr	iption of how gift is held				
ر		(e) Transfer of gi		· · · · · · · · · · · · · · · · · · ·				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a		netationship of tran	sferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held				
	Transferee's name, address, a	(e) Transfer of gi	sfer of gift  Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held				
_	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of tran	nsferor to transferee				

FORM 990-PF	DIVIDENDS AND	INTER	EST FROM	SECU	JRITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
IOWA STUDENT LOAN			131.		0.	1	31.
OTHER DIVIDENDS			2,020.		0.	2,0	
TCHCV INVESTMENT COM			6.		0.	14.0	6.
VANGUARD INFLATION-PI			14,322.		0.	14,3	
VANGUARD INTER-TERM			11,646.		0.	11,6	
VANGUARD PRIME MONEY			49.		0.		49.
VANGUARD REIT INDEX I			6,459.		0.	6,4	
VANGUARD TOTAL INTL STOCK			16,918. 16,626.		0. 0.	16,9 16,6	
					<del></del> .		
TOTAL TO FM 990-PF,	PART I, LN 4		68,177.		0.	68,1	77.
FORM 990-PF		OTHER I	NCOME		<del></del>	STATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOK	s	(B) NET INVEST- MENT INCOME		
TCHCV INVESTMENT COMPANY, LLC			_	100.	-100	•	
TOTAL TO FORM 990-PF	, PART I, LIN	E 11 =	_	100.	-100	•	
FORM 990-PF	A	CCOUNTI	NG FEES	<del></del> :		STATEMENT	3
		(A)	(B)		(C)	(D)	
PECCE IDELON		ENSES	NET INV		ADJUSTED		
DESCRIPTION	PER	BOOKS	MENT IN	COME	NET INCOM	E PURPOS	ES
GBQ PARTNERS LLC		2,500.		0	•	2,5	00.

15

FORM 990-PF	TAXES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
2011 STATE ANNUAL REPORT FEE 2011/2012 EXCISE TAXES	200. 1,873.	·			200.	
TO FORM 990-PF, PG 1, LN 18	2,073.				200.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	CHARITABLE	
NEWSPAPER ADVERTISEMENT PORTFOLIO DEDUCTIONS FROM PASS-THROUGH ENTITY	59. 148.		0.		59.	
TO FORM 990-PF, PG 1, LN 23	207.	148.			59.	
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEMENT 6	
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKET VALUE	
IOWA STU LN REV ARCS 12/43		x		0.	0.	
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	•				
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	•		0.	0.	

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT	7
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
TCHCV INVESTMENT CO LLC MORGAN STANLEY-SMITH BARNEY		COST	14,363.	14,36	33.
CHECKING VANGUARD INTERMED-TERM TREASURY VANGUARD REIT INDEX FUND ADM VANGUARD STOCK MKT IDX ADM VANGUARD PRIME MONEY MKT FUND VANGUARD INFLATION PROTECT SEC A VANGUARD TOTAL INTL STOCK IX ADMIRAL TOTAL TO FORM 990-PF, PART II, I	COST COST COST ADM COST COST		0. 475,253. 176,034. 752,099. 106,766. 418,449. 559,254.	510,81 254,79 783,13 106,76 507,09 537,70	
FORM 990-PF C	OTHER	LIABILITIES		STATEMENT	8
DESCRIPTION			BOY AMOUNT	EOY AMOUNT	
FEDERAL TAXES PAYABLE		•	8,275.	73	34.
TOTAL TO FORM 990-PF, PART II, I	LINE 2	22	8,275.	73	34.

#### Form **8868**

(Rev. January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal riever	nue Service File a Sep	arate app	ication for each return.		<u> </u>	
• If you ar  Do not co  Electronic required to of time to it Personal E visit www.  Part I  A corporat Part I only  All other co	re filing for an Automatic 3-Month Extension, complete filing for an Additional (Not Automatic) 3-Month Extension and Additional (Not Automatic) 3-Month Extension (e-file). You can electronically file Form 8868 if you file Form 990-T), or an additional (not automatic) 3-month file any of the forms listed in Part I or Part II with the extension Contracts, which must be sent to the IRS in papers. Series and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Times and requesting an automatic and requesting an automatic and click on required to file Form 990-T and requesting an automatic and click on required to file Form 990-T and requesting an automatic and click on required to file Form 990-T and requesting an automatic and click on required to file Form 990-T and requesting an automatic and contracts.	te only Partension, of an automa you need a nth extens ception of our format a	complete only Part II (on page 2 of attc 3-month extension on a previous a 3-month automatic extension of the sion of time. You can electronically if Form 8870, Information Return for (see instructions). For more details submit original (no copies neath extension - check this box and	sly filed Forme to file (file Form 8 Transfers on the element of the complete to the complete file file file file file file file fil	orm 8868. 6 months for a cor 868 to request an Associated With C ctronic filing of this	extension ertain
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nun	nber (EIN) or
print	, , , , , , , , , , , , , , , , , , , ,					
Ella hu tha	THE JEROME KOBACKER CHARIT	IES F	OUNDATION		34-65220	97
file by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 41 S. HIGH STREET, NO. 3610		tions.	Social se	curity number (SS	N)
instructions	City, town or post office, state, and ZIP code. For a for COLUMBUS, OH 43215	oreign add	ress, see instructions.			
Enter the f	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicatio	n .	Return	Application			Return
Is For	·	Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	ion)		
Form 990-i		02	Form 1041-A			08
	(Individual)	03	Form 4720			09
Form 990-I		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	「(trust other than above)  TANET T. BORED	06   C	Form 8870		. ,	12
	JANET L. ROBERT	-	3610 - COLUMBUS,	OH 43	215	·
	one No. ► (614)228-6288		FAX No. ►			<del></del>
	ganization does not have an office or place of business					<b>-</b>
	for a Group Return, enter the organization's four digit					
box ▶ L	. If it is for part of the group, check this box				ers the extension	is for.
			to file Form 990-T) extension of time tion return for the organization name		The extension	
	the organization's return for:  Calendar year 2012 or					
►L	tax year beginning	, an	d ending		_·	
2 If the	tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	on: Initial return	Final retur	'n	
	s application is for Form 990-BL, 990-PF, 990-T, 4720, of efundable credits. See instructions.	or 6069, ei	nter the tentative tax, less any	20	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credite and	3a	-	
	nated tax payments made. Include any prior year overp	-		3ь	s	0.
	nce due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System).	•	•	3c	\$	0.
			2000 5 2150 50 15	0070	FO (	44.