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# Form **990-PF**Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

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

Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

For	calen	dar year 2013 or tax year beginning		, and ending		
Nai	ne of	foundation			A Employer identificatio	n number
Т	HE	JEROME KOBACKER CHARIT	IES FOUNDATION	ON	34-6522093	7
Nur	nber a	nd street (or P O box number if mail is not delivered to street		Room/suite	8 Telephone number	
4	1 :	S. HIGH STREET		3310	(614)228-6	5288
		own, state or province, country, and ZIP or foreign p	ostal code	, , , , , , , , , , , , , , , , , , ,	C If exemption application is	pending, check here
		UMBUS, OH 43215				,
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	is, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations m check here and attach or	computation
H (	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation st	atus was terminated
	<u> </u>	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1	I)(A), check here 🕨 📖
1 Fa	ur ma	rket value of all assets at end of year   J   Accounti	*	Accrual	F If the foundation is in a	60-month termination
(fi	rom f		her (specify)		under section 507(b)(1	i)(B), check here
-	• \$	2,890,755. (Part I, colu	mn (d) must be on cash b	pasis.)		T
Pa	art I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	40,392.		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2	Check If the foundation is not required to attach Sch B			· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	Interest on savings and temporary cash investments	<u></u>			
	4	Dividends and interest from securities	63,116.	59,830.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
en.	6a	Net gain or (loss) from sale of assets not on line 10	36,612.			
Revenue	b	Gross sales price for all assets on line 6a 358, 764.				
ě	7	Capital gain net income (from Part IV, line 2)		36,612.		
Œ	8	Net short-term capital gain	,			
	9	Income modifications	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	10a	Gross sales less returns and allowances		: 		
	b	Less Cost of goods sold		·		
	C	Gross profit or (loss) .		10.1		
	11	Other income	-104.	-104.	1	STATEMENT 2
	12	Total. Add lines 1 through 11	140,016.	96,338.		0.
	13	Compensation of officers, directors, trustees, etc	0.	0.		<u> </u>
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
Su	168	Legal fees STMTD3	2,400.	0.		2,400.
Expens	U	Accounting fees Other professional fees ECERMED <sup>3</sup> Interest				2,100.
ē m	17	Interest	3,226.			
aţį	18	- Compatitut	3,226.	1,124.		200.
istr	19	Depreciation and depletion	<u>Ľ</u>			
- 돌	20					
Ą	21	Occupancy Travel, conferences, and resting EN, UT Printing and publications				
2	22	Printing and publications				
Operating and Administrative	23	Other expenses STMT 5	232.	165.		67.
atin	24	Total operating and administrative				
ě		expenses. Add lines 13 through 23	5,858.	1,289.		2,667.
9	25	Contributions, gifts, grants paid	106,000.			106,000.
; == 3	26	Total expenses and disbursements.				
- 		Add lines 24 and 25	111,858.	1,289.		108,667.
5	27	Subtract line 26 from line 12				
d l	a	Excess of revenue over expenses and disbursements	28,158.	0= 010		
	b	Net investment income (if negative, enter -0-)		95,049.		<u> </u>
	_ c	Adjusted net income (if negative, enter -0-)			N/A	

THE JEROME KOBACKER CHARITIES FOUNDATION

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If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1. Enter the appropriate amount in each column for each year, see the instructions before making any entries.

Enter the appropriate amount in outside for the mountained before meaning any entered							
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))				
2012	128,759.	2,581,384.	.049880				
2011	125,909.	2,397,728.	.052512				
2010	118,537.	2,209,760.	.053642				
2009	99,828.	1,950,715.	.051175				
2008	108,840.	2,006,479.	.054244				
			· I				

	2009	99,828.	1,950,715	•	.051175
_	2008	108,840.	2,006,479	•	.054244
2	Total of line 1, column (d)			2	.261453
3	Average distribution ratio for the 5-year base per the foundation has been in existence if less than	• • •	e number of years	3	.05229
4	Enter the net value of noncharitable-use assets f	or 2013 from Part X, line 5		4	2,760,673
5	Multiply line 4 by line 3			5	144,358.
6	Enter 1% of net investment income (1% of Part	l, line 27b)		6	950
7	Add lines 5 and 6			7	145,308
8	Enter qualifying distributions from Part XII, line 4	1		8	108,667

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Yes X No

See the Part VI instructions

		522			Page 4
Pε	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see ir	ıstrı	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%			<u>1,9</u>	01.
	of Part I, line 27b				
£	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			1,9	01.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1,9	01.
6	Credits/Payments				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,720.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)  6c 1, 200.				
d	Backup withholding erroneously withheld . 6d .				
7	Total credits and payments Add lines 6a through 6d			<u>2,9</u>	20.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached 8				1.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1,0	18.
	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 1,018 - Refunded ▶ 11				0.
	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	No
	any political campaign?	-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	İ			
	distributed by the foundation in connection with the activities.	-			
	Did the foundation file Form 1120-POL for this year?		1 c	ļ,	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers > \$ 0.	ŀ	_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ŀ	2		X
2	If "Yes," attach a detailed description of the activities.	- 1			
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		_		v
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	3		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>′</b> Δ ├	4a 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
ŭ	If "Yes," attach the statement required by General Instruction T.		<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
Ĭ	By language in the governing instrument, or	1			
	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?	İ	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	F	7	X	
	Supplies Sup	<u> </u>			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	ОН				
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				
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	1	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	Ī	10		X

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P	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the 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			Ц
14	The books are in care of ▶ JANET L. ROBERTS, SECRETARY  Telephone no ▶ (614)	228-	628	8
•	Located at ▶41 S. HIGH ST., STE 3310, COLUMBUS, OH ZIP+4 ▶4			<del>-</del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		<u>/ 11</u> Yes	No
10	securities, or other financial account in a foreign country?	ı 1	162	X
	•	16		- A
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country.			
P:	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			l
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	During the year did the foundation (either directly or indirectly)	·	163	110
• • •	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			-
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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)?			
	•			
	(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 )			
ı	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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	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 2013?	10		<u>X</u>
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))	{		
i	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013? Yes X No			
	If "Yes," list the years $\blacktriangleright$			
ı	Are there any years listed in 2a for which the foundation is <b>not</b> 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			
	statement - see instructions ) . N/A	2b		
(	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			
	)	[		
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
ŀ	If "Yes," did it have excess business holdings in 2013 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			
	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 2013.)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
t	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 2013?	4b		X

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orm 990-PF (2013) THE JEROME KOBACKER CHAR			<u>34-652209</u>	97 Page <b>6</b>
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))?	Y6	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or		ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?	or occurrence property or a	☐ Ye	s X No	
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the excentions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instruc			N/A 5	ib Ì
Organizations relying on a current notice regarding disaster assistance check he				<del></del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	_	
expenditure responsibility for the grant?			ıs 🗀 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				
a personal benefit contract?	ay premiums on	□ v <sub>e</sub>	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	areonal honofit contract?	,,		ib X
	ersonal benefit contract?		.	"
If "Yes" to 6b, file Form 8870.	haltar transaction?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		L 10		'b
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed any proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have any net income attributed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceeds or have a proceed and proceeds or have a proceed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceed and proceeds or have a proceed and proceed and proceed and proceed and proceeds or have a proceed and proceed and proceed and pro		nogore Highly		<u>, n                                    </u>
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, roundation ivid	mayers, migni	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
JOHN S. KOBACKER	to position	enter -o-j	Compensation	411011411000
11 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	0.	0.
JAMES KOBACKER		-		
11 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	0.	0.
JEFFREY KOBACKER	0.00		•	
11 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	o .	0.
COLUMBOS, OR 43213	0.00	- 0.	- 0.	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>	
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	devoted to position		conpensation	unowanous -
NONE				
		<del> </del>		
	. = .	<del> </del>		<del></del> _
T-A-I aumhor of other employees paid over \$50,000		<u> </u>	<b>•</b>	0
Total number of other employees paid over \$50,000				

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	<u> </u>	
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		•
	. <u> </u>	
		<del></del>
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced	1, etc	Exponess
1 N/A		
0		
2		
	<del></del>	
3	•	
	·	
4	***************************************	
IN A M N I A		<u> </u>
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A	i anu z	Amount
		_
2		
All other program-related investments See instructions		
3		
Tetal Add lines 1 through 3		0.

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

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108,667

108,667.

3a

3b

4

6

Suitability test (prior IRS approval required)

income Enter 1% of Part I, line 27b

**b** Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

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

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

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Part XIII Undistributed Income (s	see instructions)			
	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<ol> <li>Distributable amount for 2013 from Part XI,</li> <li>line 7</li> </ol>				136,133.
2 Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only			0	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2013         a From 2008       9,554.         b From 2009       3,598.         c From 2010       9,123.         d From 2011       15,511.         e From 2012       1,399.				
f Total of lines 3a through e  4 Qualifying distributions for 2013 from	39,185.	· · · · · · · · · · · · · · · · · · ·		
Part XII, line 4 > \$ 108,667.  a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior		0.	0	•
years (Election required - see instructions)  c Treated as distributions out of corpus (Election required - see instructions)	0.	0.		100.663
d Applied to 2013 distributable amount e Remaining amount distributed out of corpus	0.		<del>, , , , ,</del>	108,667.
Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	27,466.		,	27,466.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,719.	,		
b Prior years' undistributed income. Subtract		_		
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.		

assesseu .	
d Subtract line 6c from line 6b	Taxable
amount - cae instructions	

e Undistributed income for 2012 Subtract line 4a from line 2a. Taxable amount - see instr

f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)

8 Excess distributions carryover from 2008 not applied on line 5 or line 7

9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a

10	Analysis (	of line 9
	a Fuanca fo	0000

**a** Excess from 2009 **b** Excess from 2010

c Excess from 2011 d Excess from 2012 e Excess from 2013

10,320.
1,399.

0.

0.

0.

11,719.

0.

0.

	OME KOBACKE				22097 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		•	▶ └	1	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	(4) 0040	(a) T-4-1
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed			ļ		
b 85% of line 2a			ļ		
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c  Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets (2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during t				<b></b>	
Information Regarding Foundation     List any managers of the foundation whyear (but only if they have contributed in NONE	o have contributed more		tributions received by the	e foundation before the clo	se of any tax
<b>b</b> List any managers of the foundation who other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·				
b The form in which applications should l	pe submitted and informa	ition and materials they	should include		
					<del></del>
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE HEALTH CENTRAL INSTITUTE FOR THE DEAF 825 TAYLOR AVE ST. LOUIS, MO 63110 1,000. FOOD/HEALTH OHIO ASSOCIATION OF SECOND HARVEST NONE FOODBANKS 51 N. HIGH ST. SUITE 761 COLUMBUS, OH 43215 5,000. EDUCATION COLUMBUS ZOO NONE 9990 RIVERSIDE DR. P.O. BOX 400 POWELL, OH 43065 45,000. NONE EDUCATION KIPP JOURNEY ACADEMY 1406 MYRTLE AVE. 50,000. COLUMBUS, OH 43211 MOTE MARINE LABORATORY & AQUARIUM NONE ECOLOGY 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34326 5,000. ▶ 3a 106,000. Total b Approved for future payment NONE Total

**Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue	code		5545		<del>-</del>	
a	<u> </u>					
b	<del></del>	<del></del>				
<u> </u>						
d						
e			<del>                                     </del>			
g Fees and contracts from government agencies					<del></del>	
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	63,116.		
5 Net rental income or (loss) from real estate				•	***************************************	
a Debt-financed property	1	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	<u> </u>			
b Not debt-financed property					<del> </del>	
6 Net rental income or (loss) from personal	-					
property						
7 Other investment income			14	-104.		
8 Gain or (loss) from sales of assets other						
than inventory			18	36,612.		
9 Net income or (loss) from special events		,				
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0.		99,624.	0.	
13 Total. Add line 12, columns (b), (d), and (e)					99,624.	
(See worksheet in line 13 instructions to verify calculations )						
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	(emp	t Purposes		
					<del></del>	
Line No. Explain below how each activity for which inco the foundation's exempt purposes (other than			contrib	outed importantly to the accomp	plishment of	
	by providing it	inds for such purposes)			· <del></del>	
13 N/A FOR THIS RETURN				<del></del>		
					<del> </del>	
				<u> </u>	<del>-</del>	
		· · · · · · · · · · · · · · · · · · ·				
	•••	<u>.                                    </u>				
	<del></del>					
				<del>- · · · · · · · · · · · · · · · · · · ·</del>		
				<del></del>		
				<u>-</u>		
	<del>.</del>	<del>-</del>				
323621 10-10-13	<u></u>		·		Form <b>990-PF</b> (2013)	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Page 13\_

		Exempt Organi	izations							
1	Did the	organization directly or indir	ectly engage in any o	f the following	g with any other organizatio	n described in secti	on 501(c) of		Yes	No
	the Code	e (other than section 501(c)	(3) organizations) or	ın section 52	7, relating to political organ	izations?				
а		s from the reporting founda								
-	(1) Cas	• •		• •	,			1a(1)		Х
	• •	er assets						1a(2)		X
h	• •	insactions					•	····		
U		es of assets to a noncharital	hia avamnt organizati	on				16(1)	Ì ;	Х
		chases of assets from a noi	· -					1b(2)		X
	` '	ital of facilities, equipment,		gumzation	•			1b(3)		X
	٠.	mbursement arrangements	or other assets	•		•		1b(4)		X
	• •	ns or loan guarantees				•		1b(5)		X
		formance of services or me	mharchin or fundrais	Ina calicitatio	ne · ·	•		1b(6)		X
	• •	of facilities, equipment, ma		-				10		X
	-		•		dule Column (b) should alv	ways show the fair n	narket value of the goods		sets.	
u					ed less than fair market valu				,	
		(d) the value of the goods,				o a, a.aa				
(a)	_ine no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, an	d shanng at	rangeme	ents
<del>\-/.</del>		(D) I in out to to to	(0)	N/A	<u></u>		· · · · · · · · · · · · · · · · · · ·			
		-								
				<del></del>						
_		<del></del>	· <del></del>							
		<del></del>								
			-							
		<del></del>								
							-			
				· · · · · ·						
_										
2a	Is the fo	oundation directly or indirec	tly affiliated with, or re	elated to, one	or more tax-exempt organi	zations described				
		on 501(c) of the Code (othe	-					Yes	X	No
b		complete the following sch								
		(a) Name of org	janization		(b) Type of organization		(c) Description of relation	iship		
		N/A								
_						<u> </u>				
	Und	or penalties of penyry, I declare	that I have examined this	s return, including	ng accompanying schedules and n taxpayer) is based on all inform	statements, and to the	r han any kaominana	lay the IRS		
	ıgn   📐	beller, it is true correct, and co	unpiete Declaration of pre	sparer (other tha	t Laxpayer, is based on all illioni		s	etum with the hown below	(see ins	rer str)?
H	ere 📗	XIX			7/8/14	PRESI	DENT	X Yes	; L	J No
	S	gnatyre of officer or trustee			Ďáte	Title	<b>L</b>			
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN	l		
				1/00:	7 10 )	~ ~ ~	self- employed			
	aid	WILLIAM TH			m D. Themas	062514		00430		
	repare		PARTNERS	LLC			Firm's EIN ► 20-2	21223	06	
U	se Onl		· · · · · · · · · · · · · · · · · · ·		OUTER TOO					
		Firm's address ► 23							100	
		CO	LUMBUS, O	н 4321	3-2003		Phone no 614-2	221-1		
								LAIM UU		フンハイコト

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2013

Name of the organization

**Employer identification number** 

THE JEROME KOBACKER CHARITIES FOUNDATION 34-6522097 Organization type (check one): Section: Filers of: 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 ▶ \$

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) (2013)

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 its Form 990-PF, Part I, line 2, to

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

Name of organization

Employer identification number

### THE JEROME KOBACKER CHARITIES FOUNDATION

34-6522097

Pari I	Contributors (	(see instructions).	Use duplicate copies of Part	I if additional space is needed.
--------	----------------	---------------------	------------------------------	----------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NAN M. K. DELAUBADERE 41 S. HIGH STREET, SUITE 3310 COLUMBUS, OH 43215	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(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	\$ 20,196.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) - Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

art II	Noncash Property (see instructions) Use duplicate copies of Part II	f additional space is needed.	· · · · · · · · · · · · · · · · · · ·
(a) No.	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	sessification of nonegan property given	(see instructions)	Date received
1	440 SHS VANGUARD TOTAL STOCK MARKET FUND	-	
		\$ 20,196.	12/20/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	440 SHS VANGUARD TOTAL STOCK MARKET	<u> </u>	
2	FUND	-	
		\$ 20,196.	12/20/13
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		-	
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
İ		\$	1

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Employer identification number Name of organization THE JEROME KOBACKER CHARITIES FOUNDATION

Part | Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once) Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part IV Capital Gains and Los	sses for Tax on Investment Income		_		
(a) List and 2-story br	describe the kind(s) of property soluck warehouse, or common stock, 2	d, e g., real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a 1000 SHARES-VA	NGUARD INTL STOC	K IX ADM	P	01/04/11	09/26/13
b 4500 SHS TOTAL	STOCK MKT IDX A	DM	P	07/09/07	03/05/13
c 900 SHS TOTAL	STOCK MKT IDX AD	M	P	07/09/07	06/24/13
d 110 SHS TOTAL	STOCK MKT IDX AD	M	P		06/24/13
e 250 SHS TOTAL	STOCK MKT IDX AD	M	P		09/26/13
1 250 SHS TOTAL			P		09/26/13
	STOCK MKT IDX A		P	07/09/07	12/27/13
h FROM TCHCV INV	ESTMENT COMPANY,	LLC			
1					
k					
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) blus (f) minus (g)	
a 27,210.		26,523.			687.
b 174,240.		167,040.			7,200.
c 38,976.		36,748.			2,228.
d 4,331.		4,084.			247.
e 10,755.		9,280.			1,475.
f 10,755.		9,280.			1,475.
g 88,350.		70,528.			17,822.
h					1,331.
4,147.					4,147.
1					
<u>k</u>					
1					
<u>m</u>					
<u>n</u>					
0		10/04/00			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (l) over col (j), if any	Gains (excess	sses (from col (h)) of col (h) gain ove ot less than "-0-")	
a					687.
<u>a</u>					7,200.
<u>c</u>					2,228.
d					247.
e					1,475.
f					1,475.
g			•	,	17,822.
h					1,331.
1					4,147.
]					
k					
1					<del></del>
m					
<u>n</u>					
0	<u> </u>				
2 Capital gain net income or (net ca	apıtal loss) { If gaın, also enter If (loss), enter "-(	r in Part I, line 7 )-" in Part I, line 7	2		36,612.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) ar	<b>\</b>			
If (loss) enter "-0-" in Part I line		J	2	N/A	

FORM 990-PF 	DIVIDENDS	AND INTER	REST	FROM SECUE	RITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
TCHCV INVESTMENT				1	1		
COMPANY, LLC VANGUARD INFLATION PROTECTION	1. 11,199.	1,56	0.	1. 9,636.			
VANGUARD INTER-TERM							
TREASURY ADM	10,870.	2,58	34.	8,286.	8,286.		
VANGUARD PRIME MONEY MKT FUND	27.		0.	27.	27.		
VANGUARD REIT INDEX FUND	10,975.		0.	10,975.	7,689.		
VANGUARD TOTAL INTL STOCK	20,586.		0.	20,586.	20,586.		
VANGUARD TOTAL STOCK MKT IDX ADM	13,605.		0.	13,605.	13,605.		
TO PART I, LINE 4	67,263.	4,14	— - 17.	63,116.	59,830.		
			=				
FORM 990-PF		OTHER 1				TATEMENT	2
FORM 990-PF  DESCRIPTION			INCOI	ME (A) VENUE 1			D
			INCOI	ME (A) VENUE 1	(B) NET INVEST-	C) ADJUSTE	
DESCRIPTION	OMPANY, LLC	OTHER 1	INCOI	ME (A) VENUE 1 BOOKS 1	(B) VET INVEST- MENT INCOME	C) ADJUSTE	D
DESCRIPTION  TCHCV INVESTMENT CO TOTAL TO FORM 990-F	OMPANY, LLC	OTHER 1	RE' PER	ME (A) VENUE N BOOKS N -104.	(B) NET INVEST- MENT INCOME -104.	C) ADJUSTE	D ME
DESCRIPTION TCHCV INVESTMENT CO	OMPANY, LLC	OTHER 1	RE' PER	ME  (A) VENUE N BOOKS N -104.  -104.	(B) NET INVEST- MENT INCOME -104.	(C) ADJUSTE NET INCO	D ME
DESCRIPTION TCHCV INVESTMENT CO TOTAL TO FORM 990-F	OMPANY, LLC	OTHER 1	INCOI RE' PER	ME (A) VENUE N BOOKS N -104.	(B) NET INVEST- MENT INCOME -104.	(C) ADJUSTE	D ME
DESCRIPTION  TCHCV INVESTMENT CO  TOTAL TO FORM 990-F  FORM 990-PF	OMPANY, LLC	OTHER I	RE' PER	ME  (A) VENUE N BOOKS N -104104.  FEES  (B) I INVEST-	(B) NET INVEST- MENT INCOME -104104. S (C) ADJUSTED	(C) ADJUSTE NET INCO	D ME 3 BLE

FORM 990-PF	TAX	ES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCC		(C) ADJUSTEI NET INCOM			
2012 STATE ANNUAL REPORT FEE EXCISE TAXES FOREIGN TAXES	200. 1,902. 1,124.		0. 0. 24.		200		
TO FORM 990-PF, PG 1, LN 18	990-PF, PG 1, LN 18 3,226.		24.		200		
FORM 990-PF	OTHER EXPENSES			STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM			
NEWSPAPER ADVERTISEMENT PORTFOLIO DEDUCTIONS FROM PASS-THROUGH ENTITY	67. 165.		0.		67		
TO FORM 990-PF, PG 1, LN 23	232.	1	65.		67		
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT		
DESCRIPTION		LUATION ETHOD	воон	K VALUE	FAIR MARKET VALUE		
TCHCV INVESTMENT CO LLC VANGUARD INFLATION PROTECT SE VANGUARD INTER-TERM TREASURY VAVANGUARD REIT VANGUARD MONEY MKT FUND VANGUARD TOTAL INTNL VANGUARD STOCK MKT IDX ADM	EC ADM ADM	COST COST COST COST COST COST COST		9,259. 518,180. 547,463. 206,789. 100,540. 652,062. 495,531.	9,259 548,272 556,075 280,503 100,540 702,880 693,226		
TOTAL TO FORM 990-PF, PART II	LINE 13	_	2,	529,824.	2,890,755		

, 11

FORM 990-PF OTHER LI	ABILITIES	STATEMENT 7
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
FEDERAL TAXES PAYABLE	734.	182.
TOTAL TO FORM 990-PF, PART II, LINE 22	734.	182.

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			$\triangleright \mid X \mid$
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of til	me to file (6	months for	a corporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the ex					
	l Benefit Contracts, which must be sent to the IRS in page					
	w irs.gov/efile and click on e-file for Charities & Nonprofits		,			•
Part			submit original (no copies ne	eded).		· <del>-</del>
	ration required to file Form 990-T and requesting an auto					
Part I o						▶ □
	corporations (including 1120-C filers), partnerships, REM	11Cs and t	rusts must use Form 7004 to reque	st an exten	sion of time	
	come tax returns.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	145.5 11145. 450 1 5111 1 504 15 15445		er's identifyi	na number
Туре о	Name of exempt organization or other filer, see instru	ictions	-			n number (EIN) or
print	Name of exempt organization of other mer, see instru	ictions.		Linployer	Identificatio	ir namber (Ent) or
pillit	THE JEROME KOBACKER CHARIT	TES FO	OUNDATTON		34-65	22097
File by the	Number street and room availte no If a D.O. have	•		Social so		
due date f filing your	41 S. HIGH STREET, NO. 331	_	uons.	Social Se	curity numbe	:i (3314)
return Se				!		<del> </del>
instruction	City, town or post office, state, and ZIP code. For a f COLUMBUS, OH 43215	oreign add	ress, see instructions.			
-	COHORDON, OII 43213					
	Deturn and for the return that the analysis is for (file		to analyzation for each vatural			0 4
Enter tr	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1 4
A 15		Datum	A 1: 4:			Datus
Applica · -	tion	Return	Application			Return
ls For	A 5 000 57	Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
Form 9	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	0-T (trust other than above)	06	Form 8870			
	JANET L. ROBER			077 40	015	
	pooks are in the care of $\triangleright$ 41 S. HIGH ST.	, STE		OH 43	215	<del></del>
Tele	phone No. ► <u>(614)228-6288</u>		Fax No. 🕨			
	organization does not have an office or place of busines					▶ □
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