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Form 990-PF

EXTENDED TO AUGUST 17, 2015
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.

OMB No 1545-0052

Depa	rtmen	t of the Treasury venue Service		social security numbers on m 990-PF and its separate				990pf.	Open to Public Inspection
		dar year 2014 or tax year		m ooo ii aha to ooparato	, and en		0.g01,101		Open to Public Inspection
		foundation					A Employer	identification	n number
				IES FOUNDATION	ОИ			522097	7
		nd street (or PO box number i		address)		Room/suite	B Telephone (614	e number 1)228-6	5288
		own, state or province, cou UMBUS, OH 4	untry, and ZIP or foreigr. p 13215	oostal code			C if exemption	application is p	pending, check here
G	heck	all that apply:	Initial return Final return Address change	Initial return of a fo Amended return Name change	rmer public cl	narity		organizations	s, check here eeting the 85% test, omputation
H_C	_		X Section 501(c)(3) ex	kempt private foundation			E If private t	foundation sta	itus was terminated
<u></u>		ction 4947(a)(1) nonexem		Other taxable private founda			undersed	tion 507(b)(1)(A), check here
		irket value of all assets at ϵ	• —	•	Accru	ıal	F If the four	idation is in a	60-month termination
		Part II, col. (c), line 16)		ther (specify)			under sec	tion 507(b)(1)(B), check here
	·\$ art l	,	d Expenses	(a) Revenue and	(b) Net inv			usted net	(d) Disbursements for chantable purposes
	1 .			expenses per books	Inco			ome	(cash basis only)
	1	Contributions, gifts, grant		25,000.	, , ,,,,,,, ,	,	N/	A	
	3	Check Interest on savings and temporal investments							
	4	Dividends and interest fro	om securities .	71,528.	7	1,528.			STATEMENT 1
	5a	Gross rents					<u>, , , , , , , , , , , , , , , , , , , </u>		,
	b	Net rental income or (loss)					<u> </u>		- In Change
<u>a</u>	6a	Net gain or (loss) from sale of		5,410.				* * * * *	A CANAL TO
enc	b	Gross sales price for all assets on line 6a	98,994.			- 410	Ł	*	
Revenue	7					5,410.	Į.	> 1	2 0 2015
_	8	Net short-term capital gai	ın			*************	Į.	<u>u </u>	
	9	Income modifications Gross sales less returns	1			14-1 46 16	1 1	DOF	
	10a	and allowances					<u> </u>	غَــــُــُــُــُــُــُــُــُــُــُــُــُـ	Kashirahan
	ł	Less Cost of goods sold			•				
	11	Gross profit or (loss) Other income	• • •	-299.		-299.	 		STATEMENT 2
	12	Total. Add lines 1 throug	 .h 11	101,639.	7(6,639.	<u> </u>		OTTALIBITED 2
	13	Compensation of officers, dire	-	0.	<u></u>	0.			0.
	14	Other employee salaries a		, ,					
	15	Pension plans, employee	•		-				
es	16a	Legal fees							
Š.	b	Accounting fees	STMT 3	2,500.		0.			2,500.
೭೮೬೪. e Expenses	c	Other professional fees							
JUL 2 2 6 LV	17	Interest							
rat ,	18	Taxes	STMT 4	2,197.		1,243.			200.
nist.	19	Depreciation and depletion	n						
5 €	20	Occupancy							
ੂ¥ ⊜ਸ	21	Travel, conferences, and	•						
3	22	Printing and publications							ļ
Z.B	23	Other expenses	STMT 5	67.		0.			67.
Operating and A	24	Total operating and adm		4 764		1 242			2 767
Ç		expenses. Add lines 13 t	-	4,764.	 	1,243.			2,767.
(U)ZI		Contributions, gifts, grant		161,500.		<u> </u>			161,500.
	26	Total expenses and disb	ursements.	166 264		1 2/2			164 267
	27	Add lines 24 and 25	. 12	166,264.		1,243.	<u> </u>	***************************************	164,267.
	27			-64,625.					
	I	Net investment income (-04,023.	71	5,396.			-
		Adjusted net income (if n				-,000.	N/	'A	
				<u> </u>					<u> </u>

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2,465,017. Form **990-PF** (2014)

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

			22097		Page 4
P	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 - s	ee instru	ıctio	ns)
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)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%	1		7	754.
	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)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3		7	754.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		7	754.
6	Credits/Payments				~
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,920.				
	Exempt foreign organizations - tax withheld at source			-	
	Tax paid with application for extension of time to file (Form 8868)				
	1 Backup withholding erroneously withheld 6d				
	Total credits and payments Add lines 6a through 6d	7		1 . 9	20.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8		<u> </u>	20.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
		10		1 1	66.
10	Enter the amount of line 10 to be Credited to 2015 estimated tax	11			106.
	art VII-A Statements Regarding Activities	_!!_			
				Voc	No
16	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	III		163	X
	any political campaign?	٠,	1a		$\frac{\mathbf{x}}{\mathbf{x}}$
L	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		1b		1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or	1		1
_	distributed by the foundation in connection with the activities.			ĺ	· ·
	Did the foundation file Form 1120-POL for this year?	-	10	<u> </u>	X
(I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶ \$ 0 •				
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
2	managers > \$O . Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r			1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	ĺ	X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	N/A			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	the contract of the contract o				
	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law			
	remain in the governing instrument?		6	Х	1
7			7	X	
•	The tile realitation have at least 40,000 in about at any time during the jobs. If you, completely at the control at the contr	•			
88	Enter the states to which the foundation reports or with which it is registered (see instructions)		_		
ı	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_	ĺ	
	of each state as required by General Instruction G? If "No," attach explanation		8b	Х	1
9		ndar			1
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	ĺ	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	•	10		X
			Form 990	-PF	
					/

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Pa	rt 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		<u> X</u>
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		<u> </u>
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)		28	8
		3215		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	37	, ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N/		NI.
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1 1	Yes	No X
	securities, or other financial account in a foreign country?	16	-	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the	-		
De	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
1.5			Yes	No
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly)		162	140
ıa	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		1	
	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)]	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		- 1	
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		1	
	before the first day of the tax year beginning in 2014?	10		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))	[-	
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years \(\sum_{\text{intermediate}} \), \(\text{intermediate} \), \(interme			
0				
	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.)	1 25	1	
	statement - see instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b		·····
	the provisions of section 4542(a)(2) are being applied to any of the years listed in 2a, list the years liete	[
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	
56	during the year?	[
h	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		1	
-	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 2014.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2014?	4b		Х
		orm 990	-PF	(2014)

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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	` ''		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?		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational purposes, or f			
the prevention of cruelty to children or animals?	•	. L Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions described i	n Regulations	/-	
section 53 4945 or in a current notice regarding disaster assistance (see instruc	ctions)? .		N/A	5b
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?		/A Ye	s 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?		Ye	s X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		<u></u>	6b X
If "Yes" to 6b, file Form 8870.			[1]	
7a At any time during the tax year, was the foundation a party to a prohibited tax sh		. L Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribut				7b
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Ma	nagers, Highly	<i>(</i>	
List all officers, directors, trustees, foundation managers and their of the second seco	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-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN S. KOBACKER	to position	enter -0-7	compensation	anowances
41 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	0.	0.
JAMES KOBACKER				
41 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	0.	0.
JEFFREY KOBACKER				
41 S. HIGH ST., SUITE 3310				
COLUMBUS, OH 43215	0.00	0.	0.	0.
	 -			
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	() 0	(d) Contributions to employee benefit plans	(e) Expense account, other
(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	allowances
NONE				
	<u></u>			
Total number of other employees paid over \$50,000			_ _	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
	_	
4	=	
	_	
D-VV DIO		
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
27 / 2		Amount
1N/A	\dashv	
	\dashv	
2	+	
	\dashv	
	-	
All other program-related investments. See instructions.	+	
3		
	7	
Total. Add lines 1 through 3		0.
	Forn	n 990-PF (2014)

	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	2,911,196.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	0.
d	Total (add lines 1a, b, and c)	1d	2,911,196.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,911,196.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	43,668.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,867,528.
6	Minimum investment return. Enter 5% of line 5	6_	143,376.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	143,376.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI.)		
_	Add lines 2a and 2b	2c	754.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	142,622.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	142,622.
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	142,622.
Pa	Qualifying Distributions (see Instructions)	· · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		164 267
a	Expenses, contributions, giffs, etc - total from Part I, column (d), line 26	1a	164,267.
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		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	164 262
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	164,267.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		754
_	Income Enter 1% of Part I, line 27b	5	754. 163,513.
6	Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	6	

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI.	Conput	10010 pilot to 2010	2013	2014
line 7				142,622.
2 Undistributed income, if any, as of the end of 2014	***************************************	***************************************		712/022
a Enter amount for 2013 only			0.	
b Total for prior years	,			
B. Evened distributions assured if any to 004 4.		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010 c From 2011 10,320.				
c From 2011 10,320. d From 2012 1,399.				
e From 2013				
f Total of lines 3a through e	11,719.			
4 Qualifying distributions for 2014 from	11//100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part XII, line 4 ▶ \$ 164,267.				
a Applied to 2013, but not more than line 2a			0.	
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 2014 distributable amount		***************************************		142,622.
e Remaining amount distributed out of corpus	21,645.	<u>, ,,, ,</u>		210,0220
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.	·	,	0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	33,364.			,
b Prior years' undistributed income Subtract		_		•
line 4b from line 2b	1. ,-1-1 -1 11	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				
amount - see instructions		0.	***************************************	, , () , . (
e Undistributed income for 2013. Subtract line				
4a from line 2a Taxable amount - see instr			0.	<u></u>
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2015 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				***************************************
Subtract lines 7 and 8 from line 6a	33,364.			
O Analysis of line 9				
a Excess from 2010				
b Excess from 2011 10,320.				
c Excess from 2012 1,399.				
d Excess from 2013				
e Excess from 2014 21,645.				
23581 1-24-14				Form 000-DE (2014)

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Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective for	or 2014, enter the date of t	he ruling	>		- -
b Check box to indicate whether the foun	dation is a private operatin	g foundation described i	n section	4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				_	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities .					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 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	ormation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundati	on Managers:	 -			
a List any managers of the foundation w year (but only if they have contributed			ributions received by the	foundation before the clo	se of any tax
NONE					
b List any managers of the foundation w other entity) of which the foundation h			(or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribu	tion. Grant. Gift. Loan.	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable	organizations and does		
a The name, address, and telephone nur	-				
b The form in which applications should	be submitted and informat	tion and materials they sh	nould include		
c Any submission deadlines.					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors	

Part XV Supplementary Information	on (continued)	_		
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CENTRAL INSTITUTE FOR THE DEAF	NONE		HEALTH	
325 TAYLOR AVE				
ST. LOUIS, MO 63110				11,000
COLUMBUS COLLEGE OF ART & DESIGN	NONE		ART/EDUCATION	
50 CLEVELAND AVE. COLUMBUS, OH 43215				25,000
,				
COLUMBUS ZOO	NONE		EDUCATION	
9990 RIVERSIDE DR. P.O. BOX 400				
POWELL, OH 43065				35,000
green lawn cemetery	NONE		CEMETERY UPKEEP.	
1000 GREENLAWN AVE				
COLUMBUS, OH 43223				500
KIPP JOURNEY ACADEMY	NONE		EDUCATION	
2750 AGLER ROAD COLUMBUS, OH 43224				85,000
	ONTINUATION SHEE	T(S)	▶ 3a	161,500
b Approved for future payment				
NONE				
	***************************************			· <u>-</u>
Total	····	_	▶ 3b	0 rm 990-DE (2014

· · · · · · · · · · · · · · · · · · ·					
Part XVI-A	A 1	-if 1	I	Producing	A
Par Avi-A	Anaiv	SIS OI I	ncome-i	roaucina	ACTIVITIES

Enter gross amounts unless otherwise indicated	Unrelate	Unrelated business income		ded by section 512, 513, or 514	(e)		
•	(a) Business	(a) Business Code (b) Exclusion code		(d) Amount	Related or exempt function income		
1 Program service revenue	Code		code				
a	-		_				
b	-		<u> </u>		<u> </u>		
c	_						
d							
e							
1							
g Fees and contracts from government agencies			1				
2 Membership dues and assessments		 -					
3 Interest on savings and temporary cash					· · - · ·		
investments							
•			14	71,528.			
4 Dividends and interest from securities			1 1	11,320.	·····		
5 Net rental income or (loss) from real estate:			1 1				
a Debt-financed property			+				
b Not debt-financed property					· -		
6 Net rental income or (loss) from personal							
property							
7 Other investment income			14	-299.			
8 Gain or (loss) from sales of assets other			1				
than inventory			18	5,410.			
9 Net income or (loss) from special events				····-			
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
a	-		+				
b							
<u> </u>			1				
d	-		-				
e		•	-	76 630			
12 Subtotal Add columns (b), (d), and (e)		0.	•	76,639.	0.		
13 Total. Add line 12, columns (b), (d), and (e)	-			13	76,639.		
(See worksheet in line 13 instructions to verify calculations.)		·····					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemp	t Purposes			
Line No. Explain below how each activity for which inc	nme is renorted	in column (a) of Part XVI-	Δ contrib	uited importantly to the accom	inlichment of		
the foundation's exempt purposes (other tha			A COILLIE	ated importantly to the accord	ipisiment of		
13 N/A FOR THIS RETURN		,					
TO THE TOTAL THE TREE TOTAL	<u></u>	·	<u> </u>				
	 						
· · · · · · · · · · · · · · · · · · ·							
			_				
· · · · · · · · · · · · · · · · · · ·							
							
		 					
123621							

Form 990)-PF (201'4) THE J	TEROME KO	BACKER	CHARI	TIES :	FOUNDA'	rion	34	4-6522097	Pa	ige 13
Part 2			ensfers To	and Trar	nsaction	s and Re	ations	hips With	Noncharitabl		
4 Did	Exempt Organ		an af the fallenn		-46			FO1/a) af		V	NI.
	the organization directly or indi	-			-		ea in secti	on 501(c) or	1	Yes	NO
	Code (other than section 501(c		•		-	rganizations					
	nsfers from the reporting found	iation to a noncha	ntable exempt o	nyamzanom c	11				10(1)		Х
, ,	Cash								1a(1)		X
	Other assets				•		•		1a(2)	 	_^
-	er transactions	. h.l							45/43	-	Х
	Sales of assets to a noncharita				•				1b(1)	_	X
` '	Purchases of assets from a no	•	pi organization					•	1b(2)		X
	Rental of facilities, equipment,		-			•		• •	. 1b(3)		X
	Reimbursement arrangements	· .			•	• •		-	1b(4)	1	X
	Loans or loan guarantees		Ironouna coluentat				••	-	1b(5)	1	X
	Performance of services or mo				•	•	•	•	1b(6)	 	X
	aring of facilities, equipment, ma he answer to any of the above is	-			oo /h) oboul	مرموره ما	. tha fair m	Darliet velve et i	1c		
	services given by the reporting t					-				seis,	
	umn (d) the value of the goods,				i iali illaiket	value III ally t	iansaction	or snaring arra	ingement, Snow in		
(a) Line n			e of noncharitab		nanization	(d)	Description	of transfers trans	sactions, and sharing a		
(u) Line ii	C (B) / Hill Calle III VOIV CO	(6) 132.110	N/A	- Compt of	941112411011	- (")	Description	or transfers, trans	sactions, and snamy a	nangeni	
		 								-	
		 	<u>.</u>								
	 										
		+								_	
											
		 -									
		 									
		 									
	·										
				<u>_</u>							
	- 	 									
		1									
-	the foundation directly or indirec	•			k-exempt or	ganizations de	scribed		<u> </u>	T-0	71
	section 501(c) of the Code (other		1(c)(3)) or in se	ction 5277		•			L Yes	LA	☐ No
<u>b 11 - </u>	Yes," complete the following sch			(h) Type	of organizati			(a) Decorintion	of relationship		
	(a) Name of or	yamzation	· · · · · · · · · · · · · · · · · · ·	(b) Type	of organizati	011		(c) Description	or relationship		
	N/A	·		 -							
		· · · · · · · · · · · · · · · · · · ·									
			_ _	 	 						
				 		- 					
	I the day of college of the college	a that I hall avances	d the artism in all a					hant of many			
Cian	Under penalties of penjury, I dealers and belief, it is true correct and co	omplete Declaration of								discuss	this
Sign Here					1.1.		DECT	A TO NATION	shown below	v (see in:	str)?
1,016	Signature of officer or truste				11/13		RESI	AUT.	<u>X</u> Ye	s	_ No
			Droporor's	Date	!	Title		Check	ıf PTIN		
	Print/Type preparer's n	iaiti c	Preparer's	aignature		Date	ļ	self- employed			
Paid	WILLIAM TH	HUMYG	1/1:00:	am D	Thom	as) 062	415	san- employet	1	101E	:
Prepare			RS LLC	wni v	<u>Janoino</u>	W 001	710	Francis Fine	P00430 20-21223		
cp	rimii s name 🚩 GDÇ	5 E 1277/17/17	C LILC					Firm's EIN	~ ~ U — ~ 1 1 2 2	, 0 0	

Form **990-PF** (2014)

Phone no 614-221-1120

Use Only

Firm's address ► 230 WEST STREET, SUITE 700 COLUMBUS, OH 43215-2663

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 www.irs.gov/form990

THE JEROME KOBACKER CHARITIES FOUNDATION

OMB No 1545-0047

2014

Name of the organization

Employer identification number

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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 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).

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) (2014)

Name of organization

Employer identification number

THE JEROME KOBACKER CHARITIES FOUNDATION

34-6522097

Part 1	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) <u>N</u> o.	(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 X 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 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 Oncash 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.)

Name of organization

Employer identification number

THE JEROME KOBACKER CHARITIES FOUNDATION

34-6522097

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	

HE JEI	ROME KOBACKER CHARITIE Exclusively religious, charitable, etc., conti	S FOUNDATION ributions to organizations described in	34-6522097 section 501(c)(7), (8), or (10) that total more than \$1,000 for				
CALL EIG	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the following charteble etc. contributions of \$1,000 prior	section 501(c)(7), (8), or (10) that total more than \$1,000 for any line entry. For organizations so for the year (Fight this into once).				
	Use duplicate copies of Part III if addition		ss for the year (this this this once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, ar	(e) Transfer of gift	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, ar	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee				
-							

	DIVIDENDS	AND INTE	EREST	FROM SECU	RITIES S	TATEMENT
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	5	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
TCHCV INVESTMENT COMPANY, LLC			0.			
VANGUARD INFLATION	0.		0.	0	. 0.	
PROTECTION VANGUARD	13,166.	ϵ	67.	12,499	. 12,499.	
INTER-TERM TREASURY ADM VANGUARD REIT	11,884.	1,9	99.	9,885	. 9,885.	
INDEX FUND VANGUARD TOTAL	12,161.		0.	12,161	. 12,161.	
INTL STOCK VANGUARD TOTAL	23,554.		0.	23,554	. 23,554.	
STOCK MKT IDX ADM	13,429.		0.	13,429	. 13,429.	
TO PART I, LINE 4	74,194.	2,6	66.	71,528	. 71,528.	· · · · · · · · · · · · · · · · · · ·
FORM 990-PF	- 	OTHER	INCO	 ME	S	TATEMENT
					_	IMIEMENI .
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
	MPANY, LLC	_	RE	VENUE 1	(B) NET INVEST-	(C) ADJUSTED
DESCRIPTION TCHCV INVESTMENT CO	·	- - LINE 11 =	RE	VENUE 1 BOOKS 1	(B) NET INVEST- MENT INCOME	(C) ADJUSTED
TCHCV INVESTMENT CO	·	LINE 11 =	RE PER	DOOKS -299.	(B) NET INVEST- MENT INCOME -299.	(C) ADJUSTED
TCHCV INVESTMENT CO	F, PART I,		RE PER L'ING	DOOKS -299.	(B) NET INVEST- MENT INCOME -299.	(C) ADJUSTED NET INCOME
TCHCV INVESTMENT CO TOTAL TO FORM 990-P FORM 990-PF	F, PART I,	ACCOUNT (A) EXPENSES	PER PER NE	VENUE BOOKS -299299. FEES (B) T INVEST-	(B) NET INVEST- MENT INCOME -299299. S (C) ADJUSTED	(C) ADJUSTED NET INCOME TATEMENT (D) CHARITABL

FORM 990-PF	TAX	ES			STATEM	ENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM			
2013 STATE ANNUAL REPORT FEE EXCISE TAXES FOREIGN TAXES	200. 754. 1,243.		0. 0. 243.			20	00.
TO FORM 990-PF, PG 1, LN 18 =	2,197. 1,243.		243.		200		00.
FORM 990-PF	OTHER E	XPENSES			STATEM	ENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS		ZEST- ADJUSTED		CHA	· · · · · · · · · · · · · · · · · · ·	
NEWSPAPER ADVERTISEMENT	67.		0.		67.		
TO FORM 990-PF, PG 1, LN 23	67.		0.		6		67.
FORM 990-PF	OTHER INV	ESTMENTS			STATEM	ENT	6
DESCRIPTION		LUATION ETHOD	B001	K VALUE	FAIR M VAL		r
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	C ADM ADM	COST COST COST COST COST COST COST		3,941. 516,844. 545,823. 173,196. 73,457. 666,202. 484,388.	5 3 6	3,94 56,33 67,26 14,62 73,95 64,87	38. 60. 21. 56. 74.
TOTAL TO FORM 990-PF, PART II	, LINE 13	_	2	,463,851.	2,9	31,63	37

Part IV	Capital Gains and Los	ses for Tax on Investment Income				
	(a) List and 2-story bri	describe the kind(s) of property so ck warehouse, or common stock, 2	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)	
1a 300		STOCK MKT IDX AD		P	10/23/12	
b 113		NDEX FUND ADM			09/26/13	
		TERM TREASURY A	VDM.	P	07/09/07	
		NTL STOCK IX ADM		P	01/04/11	
		PROTECT SEC ADM		P	01/29/09	
	I INDEX FUNI			P	07/09/07	
	M TCHCV INVI				.,	
	ITAL GAINS I					
<u></u>						
i						
_ ,						
ī						
m						
n						
0						
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a	14,787.		11,136.		·	3,651.
b	11,507.		11,755.			-248.
C	11,290.		11,640.			-350.
d	26,840.		25,860.			980.
e	10,520.		11,336.			-816.
f	21,384.		21,838.			-454.
g						-19.
h	2,666.					2,666.
1						
1		· · · · · · · · · · · · · · · · · · ·				
<u>k</u>						
<u>l</u>						
<u>m</u>				_		
<u>n</u>			<u> </u>			
0					· · · · · · · · · · · · · · · · · · ·	_
Comple	ete only for assets showin	g gain in column (h) and owned by	T		sses (from col (h))	aal (la)
(i) F N	1 V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	but n	of col (h) gain over ot less than "-0-")	
a				-		3,651.
b						-248.
c						-350.
<u>d</u>						980.
<u>e</u>				_ 		-816.
<u>f</u>					·····	-454.
9			 			-19.
<u>h</u>		_ _	 			2,666.
1	 -		 			
						
<u>k</u>			 		_ -	
<u> </u>			 	· · · · · · · · · · · · · · · · · · ·		
<u>m</u>			 			
<u>n</u>			 			
0			1			
2 Capital g	ain net income or (net ca	pital loss) { If gain, also ente If (loss), enter =	r in Part I, line 7 0-" in Part I, line 7	2		5,410.
		s) as defined in sections 1222(5) a	nd (6)			
	ilso enter in Part I, line 8, i enter "-0-" in Part I, line 8		}		N/A	

THE JEROME KOBACKER CHARITIES FOUNDATION 34-6522097

Part XV Supplementary Information Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient				
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Or Substantial Contributor	- Toolploin		
HIO ASSOCIATION OF SECOND HARVEST	NONE		FOOD/HEALTH	
DODBANKS				
01 E TOWN ST, SUITE 540				
DLUMBUS, OH 43215				5,00
		_		
	-	•		
				
				1
			j.	1

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

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

OMB No. 1545-1709

 \triangleright \mathbf{X}

	uare filing for an Additional (Not Automatic) 3-Month Ex					
	t complete Part II unless you have already been granted a					
	onic filing (e-file). You can electronically file Form 8868 if y					
	d to file Form 990-T), or an additional (not automatic) 3-moi					
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	tronic filing of this t	orm,
	vw.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part						
_	oration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete		
Part I o	•					
All othe to file in	r corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to reques			
			r's identifying nur			
Type o	Name of exempt organization or other filer, see instruc		Employer	dentification numl	per (EIN) or	
print	MUE TEDOME PODACKED CHADIM	TEC E			24 (5220	. –
File by the	THE JEROME KOBACKER CHARIT				34-652209	
due date filing your			tions.	Social se	curity number (SSN	i)
return Se Instruction	e 11 Dt mion Dinazij not 3310					
noti uctio	City, town or post office, state, and ZIP code. For a for COLUMBUS, OH 43215	oreign add	ress, see instructions.			
	00201200, 01 10210		···· <u> </u>			
Enter th	ne Return code for the return that this application is for (file	a cenara	te application for each return)			0 4
_,,,,	to the term does for the retain that this application is for the	a separa	te application for each return)		•	
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			
Form 4	720 (individual)	03	Form 4720 (other than individual)	dividual) 0		
Form 9		04				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	10		
Form 9	90-T (trust other than above)	06	Form 8870			12
	JANET L. ROBERT	rs, si				
• The	books are in the care of > 41 S. HIGH ST.,	, STE	3310 - COLUMBUS,	OH 43	215	
Tele	phone No ▶ (614)228-6288		Fax No. ▶			
If the	e organization does not have an office or place of business	s in the Un	ited States, check this box			
	s <u>is fo</u> r a Group Return, enter the organization's four digit (f this is for	the whole group, o	heck this
box ▶						
1	request an automatic 3-month (6 months for a corporation				<u> </u>	
_	AUGUST 15, 2015 , to file the exempt	t organizat	tion return for the organization name	ed above.	The extension	
IS	for the organization's return for:					
	X calendar year 2014 or					
	tax year beginning	, an	d ending		_·	
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final returi	า	
	Change in accounting period			- , ,		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See Instructions.			3a	_\$	807.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	-				
_	stimated tax payments made. Include any prior year overp			3b	_\$1	<u>,920.</u>
	alance due. Subtract line 3b from line 3a. Include your pa	-	· · · · · ·			_
	y using EFTPS (Electronic Federal Tax Payment System). S	-		3c	_\$	0.
Caution	 If you are going to make an electronic funds withdrawal. 	(direct del	bit) with this Form 8868, see Form 8	453-FO an	d Form 8879-FO fo	r navment

instructions.