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SCANNED NOV 2 4 2010

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

| F | or ca | lendar | year 2009, | or t | ax year beg | inning | | | | , 2009 | , and end | ing | | | | , 20 |
|--------------------|--------|-----------------|--|--------|---------------------------|------------|--------------|-------------|------------------|----------------|-----------|------|------------------------------------|---------------------|--------------------------|-------------|
| G | Che | ck all t | hat apply | | Initial retu | rn | | Initia | l return | of a former p | ublic cha | rity | | l l | inal returi | n n |
| | | | | | Amended | return | - | | Addre | ss change | <u>_</u> | \ | Name change | | | |
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| , | | wise, | Number and | stre | et (or P O box | number | f mail is | not deliver | ed to stree | t address) | Room/su | ute | B Telephone number | (see pag | ge 10 of the instruc | ctions) |
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| | | ctions. | City or town, | , sta | te, and ZIP co | de | | | | | | | C If exemption appending, check it | olication nere • | ıs | . ▶ 🔃 |
| , | | i | | | | | | | | | | | D 1 Foreign organ | | | . ▶ 🔲 |
| _ | | | CLEVELAN | ND, | OH 4412 | 22 | | | | | | | 2 Foreign orga | | | _ |
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| | | may n | ot necessanly | equ | al the amount | s in | • | expenses | | incom | | ١, | income | | purpos | |
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| | 1 | | tions, gifts, grants, | | eceived (attach sci | | | | | | | | | _ | | |
| | 2 | Check] | attach | Sch | В | | | 1.41 | 9,752. | 1.4 | 9,752. | | | | ameri 1 | |
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| | 12 | | Add lines 1 thi | 0 | | 257 | 1-1 | 26 | 7,520. | 26 | 7,520. | | | | - | |
| | 13 | Comper | nsation of office | rs, dh | rectors invisitees | etc I | أحن | | 0 . | | | | | | | |
| | 14 | | صحا employee sala | | | | | | | | | | | | | |
| Expenses | 15 | Pensio | n plans, empl | oyee | benefits | | | | | | | | | | | |
| en S | 16a | Legal f | ees (attach sc | hedu | ıle) | | | | | | | | | | | |
| ᅑ | b | Accour | nting fees (att | ach: | schedule) | | <u> </u> | | | | | | | _ | | |
| | С | Other | professional fe | es (| attach schedu | le) | <u> </u> | | _ | | | | | _ | | |
| rati | 17 | Interes | t.,.,., | | | | <u> </u> | | | | | | | _ _ | | |
| ist | 18 | Taxes (a | attach schedule) | (see | page 14 of the ins | tructions) | <u> </u> | 6 | 9,540. | 1 | 39. | | | | | |
| ᆵ | 19 | Depred | ciation (attach | sch | edule) and de | pletion. | ļ | | _ | | | | | | | |
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| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions). 3,771,558. 3,056,363. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ ATTACHMENT 8 3 233,963 | se | 20 | • • | | 3,771,558. | 3,056,363. | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions). 3,771,558. 3,056,363. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ ATTACHMENT 8 3 233,963 | As | 20 | | | | .,, | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions). 3,771,558. 3,056,363. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ ATTACHMENT 8 3 233,963 | et | 30 | | | 3.771.558 | 3.056.363 | |
| of the instructions) | _ | | Tatal Gabilities and make | , , , , , , , , , , , , , , , , , , , | | 0,000,000. | : |
| Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ ATTACHMENT 8 3 233,963 | | 31 | | ` | 3 771 550 | 3 056 363 | |
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► ATTACHMENT 8 3 233, 963 | | | of the instructions) | man in Net Appets of Fried I | | 3,030,303. | |
| end-of-year figure reported on pnor year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ ATTACHMENT 8 3 233,963 | | | | | | | |
| 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► ATTACHMENT 8 3 233,963 | 1 | | | | | | 2 771 550 |
| 3 Other increases not included in line 2 (itemize) ► ATTACHMENT 8 | | | | | | | |
| 1.1 3.056.363 | 2 | Ente | r amount from Part I, I | line 27a | | 2 | |
| 1.1 3.056.363 | 3 | Othe | r increases not include | ed in line 2 (itemize) ▶ATTACH | MENT 8 | 3 | |
| 4 The lines of the contract of | | Add | lines 1, 2, and 3 | | | | 3,056,363. |
| E. Doornoon not included in line 2 (formize) b | 5 | Decr | access not included in | line 2 (demize) > | | i e | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 3,056,363 | 6 | <u>To</u> ta | I net assets or fund ba | alances at end of year (line 4 minus l | line 5) - Part II, column (b) | , line 30 6 | 3,056,363. |

| | brick warehouse, or common stock, 200 | • • | acquired P-Purchase D-Donation | acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|---|--|--------------------------------------|--|--|
| | | , | D DOMESTON | | |
| <u> </u> | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| 8 | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | |
| 1 | | | | | |
| <u> </u> | | | | | |
| <u> </u> | | | | | |
| <u> </u> | | | | | |
|) } | | | - | | |
| complete only for assets | | | 1 17 | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | COI | Losses (from co | |
| | | | ļ | | |
|) | | | | | · · · |
| <u> </u> | | | | | |
| <u>i</u> | | | | | |
|) | | | <u> </u> | | |
| Capital gain net income | | | 2 | | 113,528. |
| Net short-term capital ga | ain or (loss) as defined in sections 12 | | | | |
| | | | | | |
| <u> </u> | | | | | |
| 2-story brick warehouse, or common stock, 200 sins MLC Co.) SEE PART IV SCHEDULE (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (e) plus expense of sale (f) Depreciation allowed (g) Cost or other basis (h) Gain or (e) plus (f) million of grant of the section of sale (h) Gain or (e) plus (f) million or assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) FM V as of 12/31/69 (h) Adjusted basis as of 12/31/69 (g) Adjusted basis (h) Excess of col. (i) over col. (j), if any apital gain net income or (net capital loss) (g) Adjusted basis (h) Excess of col. (i) over col. (j), if any apital gain net income or (loss) as defined in sections 1222(5) and (6) gain, also enter in Part I, line 8. (g) Cost, in Part I, line 8. (g) Cost, in Part I, line 8. (g) Cost, in Part I, line 7, if (loss), enter -0- in Part I, line 7, if (loss), enter -0- in Part I, line 8. (g) Cost, in Part I, line 7, if (loss), enter -0- in Part I, line 7, if (loss), enter -0- in Part I, line 8. (g) Cost, in Part I, line 7, in Part I, | | | | | |
| If (loss), enter -0- in Part Part V Qualification to Compare the Comparison of Compar | I, line 8 | uced Tax on Net Investment Inc | | me) | |
| If (loss), enter -0- in Part Part V Qualification I For optional use by domes section 4940(d)(2) applie Vas the foundation liable for | I, line 8 | uced Tax on Net Investment Ince section 4940(a) tax on net invest | ment inco | _ | Yes X N |
| If (loss), enter -0- in Part Part V Qualification I For optional use by domes section 4940(d)(2) applie //as the foundation liable for "Yes," the foundation doe | I, line 8 | uced Tax on Net Investment Ince e section 4940(a) tax on net invest outable amount of any year in the b Do not complete this part. | ment inco | d ² | Yes X N |
| If (loss), enter -0- in Part Part V Qualification It For optional use by domes section 4940(d)(2) applie Fas the foundation liable for Enter the appropriate an (a) Base period years | I, line 8 | butable amount of any year in the bound complete this part. To see page 18 of the instructions be (c) | ase period | ing any entries (d) Distribution of | atro |
| If (loss), enter -0- in Part Part V Qualification It For optional use by domes section 4940(d)(2) applie (as the foundation liable for "Yes," the foundation doe Enter the appropriate al (a) Base penod years Calendar year (or tax year beginning in) | I, line 8 | butable amount of any year in the bout bout about a point complete this part. To not complete this part. To see page 18 of the instructions become the complete the com | ase period | ing any entries (d) Distribution (a) (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification Is For optional use by domes section 4940(d)(2) applie /as the foundation liable for "Yes," the foundation doe Enter the appropriate al (a) Base penod years Calendar year (or tax year beginning in) 2008 | I, line 8 | butable amount of any year in the bout bout about a point complete this part. To not complete this part. To see page 18 of the instructions become the complete the com | ase period | ing any entries (d) Distribution (a) (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification I For optional use by domes section 4940(d)(2) applie Vas the foundation liable for "Yes," the foundation doe Enter the appropriate al (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 | I, line 8 | butable amount of any year in the bout bout about a point complete this part. To not complete this part. To see page 18 of the instructions become the complete the com | ase period | ing any entries (d) Distribution (a) (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification I For optional use by domes section 4940(d)(2) applie Vas the foundation liable for "Yes," the foundation doe Enter the appropriate at (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 2006 | I, line 8 | butable amount of any year in the bout bout about a point complete this part. To not complete this part. To see page 18 of the instructions become the complete the com | ase period | ing any entries (d) Distribution (a) (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification It For optional use by domes section 4940(d)(2) applie Vas the foundation liable for "Yes," the foundation doe Enter the appropriate an (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 2006 2005 | I, line 8 | butable amount of any year in the bout bout about a point complete this part. To not complete this part. To see page 18 of the instructions become the complete the com | ase period | ing any entries (d) Distribution (a) (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification It For optional use by domes section 4940(d)(2) applie /as the foundation liable for "Yes," the foundation doe Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005 | I, line 8 | butable amount of any year in the bout bout about a point complete this part. To not complete this part. To see page 18 of the instructions become the complete the com | ase period | ing any entries (d) Distribution (a) (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification II For optional use by domes section 4940(d)(2) applie /as the foundation liable for "Yes," the foundation doe Enter the appropriate air (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 | I, line 8 | putable amount of any year in the bout able amount of any year in the bout able amount of the instructions be (c) Net value of nonchantable-use assets 3,714,985. | ase period | ing any entries (d) Distribution (col (b) divided by | atro |
| If (loss), enter -0- in Part Part V Qualification II For optional use by domes section 4940(d)(2) applie Vas the foundation liable for "Yes," the foundation doe Enter the appropriate air (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (| I, line 8 | putable amount of any year in the bout bout able amount of any year in the bout bound complete this part. The see page 18 of the instructions bout the page 18 of the page 18 of the instructions bout the page 18 of the instructions b | ase period | ing any entries (d) Distribution (col (b) divided by | atro (col) (c)) 0.059946 |
| If (loss), enter -0- in Part Part V Qualification II For optional use by domes section 4940(d)(2) applie Las the foundation liable for Las the foundation liable for Las the foundation doe Enter the appropriate al (a) Base penod years (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution rational enterior properties all the column (Average distribution enterior properties all the column (Average distribution enterior properties all the column (Average distribution enterior properties | Jnder Section 4940(e) for Red tic private foundations subject to the s, leave this part blank or the section 4942 tax on the distril s not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 222,700. | putable amount of any year in the bout able amount of any year in the bout able amount of the instructions because assets (c) Net value of noncharitable-use assets 3,714,985. | ase period | ing any entries (d) Distribution (col (b) divided by | o. 059946 |
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| If (loss), enter -0- in Part Part V Qualification It For optional use by domes section 4940(d)(2) applie Fas the foundation liable for Tyes," the foundation doe Enter the appropriate an (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (Average distribution ratinumber of years the foundation of the column of the co | Jnder Section 4940(e) for Red tic private foundations subject to the s, leave this part blank or the section 4942 tax on the distril s not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 222,700. d) o for the 5-year base period - dividing and ation has been in existence if less concharitable-use assets for 2009 from | putable amount of any year in the boutable amount o | ase period efore mak | ing any entries (d) Distribution of (col (b) divided by | 0.059946 |
| If (loss), enter -0- in Part Part V Qualification II For optional use by domes section 4940(d)(2) applies As the foundation liable for "Yes," the foundation doe Enter the appropriate air (a) Base penod years Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (Average distribution ration number of years the foundation does Enter the net value of notes that the second secon | Jnder Section 4940(e) for Red tic private foundations subject to the s, leave this part blank or the section 4942 tax on the distril s not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 222,700. d) o for the 5-year base period - dividendation has been in existence if less concharitable-use assets for 2009 from | butable amount of any year in the boutable amount of any year. | ase period efore mak | ing any entries (d) Distribution of (col (b) divided by | 0.059946 0.059946 |
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| -₽ai | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of | the in | structi | ons)_ |
|------|--|--------|----------|--------------|
| 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 ruling letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 2,5 | 91. |
| | here \blacktriangleright X and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% \mathcal{J} of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | | | |
| 3 | Add lines 1 and 2 | | 2,5 | 91. |
| 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 | | 2,5 | 91. |
| 6 | Credits/Payments | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | |
| b | Exempt foreign organizations-tax withheld at source | | | |
| С | · · · · · · · · · · · · · · · · · · · | | | |
| d | Backup withholding erroneously withheld | | 10 0 | 000 |
| 7 | Total credits and payments Add lines 6a through 6d | | 10,0 | 78. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | _ | | 78. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9 | | 7 3 | 331. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax 7,331 Refunded 11 | | /, - | 31. |
| 11 | | | | |
| | t VII-A Statements Regarding Activities | I | V | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | 4- | Yes | No X |
| _ | participate or intervene in any political campaign? | . 1a | | |
| D | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | 4.5 | | X |
| | of the instructions for definition)? | · 1b | | <u> </u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | | |
| С | | 1 c | | X |
| ď | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | 1 | | |
| • | (1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| ŭ | on foundation managers >\$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | 1 | Х |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3_ | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | X |
| 5 | 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 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | | | |
| 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 | . 7 | X | ļ |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | |
| | instructions) > | | | |
| 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 | <u> </u> | |
| 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | | |
| | 27)? If "Yes," complete Part XIV | . 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | x |
| | names and addresses | . 10 | l | ı ^` |

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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X

Х

3 b

4a

Total number of other employees paid over \$50,000

| Form 990-PF (2009) | 26-2448401 | Page 7 |
|--|------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued) | dation Managers, Highly Paid Emplo | |
| 3 Five highest-paid independent contractors for professional services (s | | 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 | | ▶ NONE |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct chantable activities during the tax year. Include releval of organizations and other beneficianes served, conferences convened, research papers produce. | | Expenses |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see page 2 | 23 of the instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax y | ear on lines 1 and 2 | Amount |
| 1 NONE | | |
| | | |
| 2 | | |
| All other program-related investments See page 24 of the instructions | | |
| 3 NONE | | |
| | | |
| Total. Add lines 1 through 3 | | · I |

Form 990-PF (2009)

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreisee page 24 of the instructions.) | gn foundation | ons, |
|-----|---|---------------|------------|
| 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 | 1,404,692. |
| b | Average of monthly cash balances | 1b | 48,326. |
| С | Fair market value of all other assets (see page 24 of the instructions) | 1c | 1,498,731. |
| d | Total (add lines 1a, b, and c) | 1d | 2,951,749. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | 1 1 | |
| | 1c (attach detailed explanation) |] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 2,951,749. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 44,276. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 2,907,473. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 145,374. |
| Pa | art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this page 25. | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 145,374. |
| 2 a | Tax on investment income for 2009 from Part VI, line 5 2a 2,591. | | |
| b | Income tax for 2009 (This does not include the tax from Part VI.) | 1 | |
| С | Add lines 2a and 2b | 2c | 2,591. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 142,783. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 142,783. |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 142,783. |
| Pa | art XII Qualifying Distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | | 1a | 1,133,196. |
| 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 | 0. |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | · · · · · · · · · · · · · · · · · · · | 3a | 0. |
| b | Cash distribution test (attach the required schedule) | 3 b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,133,196. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | 2,591. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 1,130,605. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years | | oundation |

Form **990-PF** (2009)

| Pa | rt XIII Undistributed Income (see page | 26 of the instruction | ns) | | |
|----------|--|-----------------------|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| | line 7 | | | | 142,783. |
| 2 | Undistributed income, if any, as of the end of 2009 | | | | |
| a | | | | 0. | |
| b | 07 06 05 | | | | |
| 3 | Excess distributions carryover, if any, to 2009 | · - | | | |
| - | - non- | | | | |
| b | From 2004 | | | | |
| c | | • | | | |
| d | | | | | |
| _ | From 2007 | | | | • |
| | | 104,689. | | | |
| | Total of lines 3a through e | 104,009. | | | |
| 4 | Qualifying distributions for 2009 from Part XII, line 4 > \$ 1,133,196. | | | | |
| а | Applied to 2008, but not more than line 2a | | | 0. | |
| b | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | |
| С | Treated as distributions out of corpus (Election required - see page 26 of the instructions) | | | | |
| d | Applied to 2009 distributable amount | | | | 142,783. |
| | Remaining amount distributed out of corpus | 990,413. | | | |
| 5 | Excess distributions carryover applied to 2009 | | | | |
| 6 | (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: | | | | |
| 2 | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,095,102. | | | |
| | Pnor years' undistributed income Subtract | | | | |
| D | line 4b from line 2b | | | | |
| С | 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 | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see page 27 of the instructions | | | | |
| 9 | Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page | | | | |
| | 27 of the instructions | | | 0. | |
| f | Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be | | | | |
| 7 | distributed in 2010 | | | | |
| 8 | instructions) | | | | |
| ٥ | Instructions) | | | | |
| 9 | Subtract lines 7 and 8 from line 6a | 1,095,102. | | | |
| 10 | Analysis of line 9 | , , | | | - |
| | Excess from 2005 | | | | |
| | Excess from 2006 | | | | |
| | Excess from 2007 | | | | |
| | Excess from 2008 104, 689. | | | | |
| | Excess from 2009 | | ĺ | | |
| <u> </u> | Execus (1011) 2000 | <u> </u> | <u> </u> | | |

| | foundation, and the ruling | , 10 011001110 101 2000, | orner are date or the raming | , | – | | |
|--------|---|--|--|---|------------------------------------|---|------------------|
| b | Check box to indicate who | | a private operating foun | | on | 4942(j)(| (3) or 4942 |
| a | Enter the lesser of the ad- | Tax year | | Prior 3 years | | | (e) Total |
| | Justed net income from Part I or the minimum investment return from Part X for each year listed | (a) 2009 | (b) 2008 | (c) 2007 | (d) 200 | 16 | |
| b | 85% of line 2a | | | | | | |
| С | 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 | | _ | | | | |
| е | 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 | | | | | | |
| а | "Assets" alternative test - enter | | | | | | |
| | (1) Value of all assets (2) Value of assets qualifying under section | | | | | | |
| | 4942(j)(3)(B)(i) | | | | | | |
| D | "Endowment" alternative test- enter 2/3 of minimum invest- | | | | | | |
| | ment return shown in Part X, | | | | | ľ | |
| С | "Support" alternative test - enter | | | | _ | | |
| • | '(1) Total support other than | | | | | ĺ | |
| | 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 | | | | | i | |
| | provided in section 4942 (j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | | |
| | organization | | | - | | | |
| 22 | (4) Gross investment income . Int XV Supplementa | ry Information (C | complete this part | only if the foun | dation had \$ | 5 000 | or more in a |
| | | | e page 28 of the ir | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Information Regarding | | | | | | |
| а | List any managers of the before the close of any | the foundation who tax year (but only if t | have contributed moi hey have contributed | re than 2% of the to more than \$5,000) (| tal contribution See section 50 | s receive 7(d)(2)) | d by the found |
| | N/A | | 400/ | £ 11 11 £ | | | |
| D | List any managers of ownership of a partner | | | | | equally | large portion o |
| | N/A | | | | | | |
| | Information Regarding | • | | - | | | |
| | | | | | | ations ar | nd does not a |
| | unsolicited requests for organizations under other | or funds If the four | | grants, etc (see pag | | | |
| | unsolicited requests for | or funds. If the four ner conditions, comp | ndation makes gifts, lete items 2a, b, c, and | grants, etc (see pag d d | ge 28 of the i | | |
| a | unsolicited requests forganizations under other other than the name, address, as | or funds If the four ner conditions, comp and telephone number | ndation makes gifts, lete items 2a, b, c, and of the person to who | grants, etc (see pag d d m applications should | ge 28 of the i | nstructior | |
| | unsolicited requests forganizations under other other than the name, address, and N/A | or funds If the four ner conditions, comp and telephone number | ndation makes gifts, lete items 2a, b, c, and of the person to who | grants, etc (see pag d d m applications should | ge 28 of the i | nstructior | |
| a b | unsolicited requests forganizations under other other than the name, address, and N/A. The form in which applies | or funds If the four ner conditions, comp nd telephone number ications should be st | ndation makes gifts, lete items 2a, b, c, and of the person to who | grants, etc (see pag d d m applications should | ge 28 of the i | nstructior | |
| a b | unsolicited requests forganizations under other officers, and N/A The form in which apple N/A Any submission deadling N/A | or funds If the four ner conditions, comp and telephone number lications should be su | ndation makes gifts, lete items 2a, b, c, and of the person to who ubmitted and informat | grants, etc (see paged did mapplications should non and materials the | ge 28 of the i | nstructior | ns) to individua |
| a b | unsolicited requests forganizations under off The name, address, an N/A The form in which appl N/A Any submission deadling | or funds If the four ner conditions, comp and telephone number lications should be su | ndation makes gifts, lete items 2a, b, c, and of the person to who ubmitted and informat | grants, etc (see paged did mapplications should non and materials the | ge 28 of the i | nstructior | ns) to individua |

| 3 Grants and Contributions Paid During | ng the Year or Appr | oved for F | uture Payment | |
|--|--|------------------------|----------------------------------|------------|
| Recipient | If recipient is an individual, | Foundation status of | i | • |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| | or substantial contributor | 1931pun | | |
| | | | | |
| | | <u> </u> | | 1,133,196. |
| b Approved for future payment | | | ▶ 3a | |
| Total | | | | |

| Part XVI | -A Analysis of Income-Produ | ucing Activ | vities | | | |
|--------------|--|---------------|--------------------------|----------------|-----------------------------------|---|
| Enter gross | amounts unless otherwise indicated | Unrel (a) | ated business income (b) | Excluded by | / section 512, 513, or 514 (d) | (e) Related or exempt function income |
| 1 Program | service revenue | Business code | Amount | Exclusion code | Amount | (See page 28 of the instructions) |
| _ | | | | | | |
| b | | | <u> </u> | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| f | | | | | | |
| • | and contracts from government agencies | | | | | _ |
| | ship dues and assessments | | | 14 | 149,752. | |
| | on savings and temporary cash investments | | | 14 | 4,240. | |
| | ds and interest from securities | | | 14 | 4,240. | |
| | al income or (loss) from real estate | | | | | |
| | t-financed property | | | | | · |
| | debt-financed property | - | | | | |
| | I income or (loss) from personal property | | | | | |
| 7 Other in | vestment income | | • | 1.0 | 112 500 | |
| 8 Gain or (I | loss) from sales of assets other than inventory | | | 18 | 113,528. | |
| 9 Net inco | ome or (loss) from special events | | | | | |
| 10 Gross p | rofit or (loss) from sales of inventory | | | | | |
| 11 Other re | venue a | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 12 Subtotal | Add columns (b), (d), and (e) | | | | 267,520. | |
| 13 Total. Ad | dd line 12, columns (b), (d), and (e) | | | | 13 | 267,520. |
| | heet in line 13 instructions on page 28 Relationship of Activities | | | | | |
| Line No. ▼ | Explain below how each active the accomplishment of the formage 29 of the instructions.) | | | | | |
| | | | | | | |
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| | | | NOT APPLICAB | LE | | |
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| Form | 990-PF | (2009) | | | | 26-244840 | 1 | Page 13 |
|------------|---|--|---|--|-------------------------------|------------------------|----------------------------|---|
| سنعه | rt XVI | | _ | nsfers To and | Transaction | s and Relation | onships With | Noncharitable |
| c | in secongania Transi (1) Ca (2) Other (1) Sa (2) Pt (3) Ra (4) Ra (5) La (6) Pa Sharir If the value | the organization directly ction 501(c) of the C zations? Iters from the reporting fash | ode (other than se oundation to a nonch antable exempt organ a nonchantable exempt organ anonchantable exempt, or other assets ents | nantable exempt organ naization pt organization draising solicitations assets, or paid employ complete the fo | anizations) or in ization of: | n section 527, r | elating to political | 1b(2) |
| (a) i | ine no. | (b) Amount involved | (c) Name of nonc | haritable exempt organiz | ation (d) | Description of transfe | ers, transactions, and sha | anng arrangements |
| | | N/A | | | N/ | A | | |
| | | | | | | | | |
| | | | | <u> </u> | | | - | |
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| | | | | | | | | |
| 2a | | foundation directly or | - | | | | | Yes X No |
| _ | | n 501(c) of the Code (ot | | (c)(3)) or in section 52 | | | | ☐ Yes ☐ No |
| | 11 16 | s," complete the followin (a) Name of organization | | (b) Type of orga | anization | T (| c) Description of relation | nship |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| \neg | Under | penalties of perjury, I dec it is true, correct, and corr | lare, that I have examin | ned this return, including | g accompanying s | schedules and staten | nents, and to the best | of my knowledge and |
| | belief, | it is true, correct, and corr | piete. Declaration of pi | reparer (other than taxp | ayer or fiduciary) i | is based on all inform | mation of which prepar | er has any knowledge |
| | | | Trust | æ | | 1//3/10 | Truste | <u>e</u> |
| ∋re | 1 (6 | gnature of officer or trustee | | | Date | , <u> </u> | Title | |
| Sign Here | Pald Preparer's Use Only | Preparer's signature | WH | | Date 11/15/ | Check if self-employed | number (| is identifying See Signature on f the instructions) 9833 |
| <i>(</i>) | Pak Prepar Use O | Firm's name (or yours it | FSM CAP | TAL MANAGEME | ENT, LLC | <u> </u> | EN ▶ 26-025 | |
| | ະັລັ | self-employed), address | | BURN DRIVE, S | SUITE 330 | | | |
| _ | | and ZIP code | CLEVELA | ND, OH | | 44122 | Phone no. 216- | 916-8420 |
| | | | | | | | | Enm 990-PF (2009) |

FORM 990-PF - PART IV

| Kind of F | | INS AND LO | | ription | | or D | Date acquired | Date sold |
|--|---------------------------------------|----------------------------|--------------------------|--------------------------------|------------------------------------|---------|----------------------|-----------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| 25,289. | | MERLIN K-1 | | | | | VAR 25,289. | VAI |
| | | MERLIN K-1 4,693. | | | | | VAR -4,693. | VA |
| 102,335. | | ANCORA 98,290. | | | | | VAR 4,045. | VA |
| 211,838. | | WHOLE HEALT | H STOCK | | | | VAR 211,838. | 12/31/200 |
| 375,446. | | GOLDMAN SAC. 1,500,000. | HS HEDGE F | UND | | | VAR -124,554. | VA |
| 1,603. | | MERLIN PART | NERS | | | | VAR 1,603. | VA |
| FOTAL GAIN(L | OSS) | | | | | | 113,528. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | - | | | |

ATTACHMENT 2

| ARY CASH INVESTMENTS | |
|----------------------|---|
| ON TEMPORARY | |
| - INTEREST | |
| PART I | |
| 990PF, | • |
| FORM | |

| NET INVESTMENT INCOME | 5,110. 102. 143,473. 1,067. | 149,752. |
|---|---|----------|
| REVENUE AND EXPENSES PER BOOKS | 5,110. 102. 143,473. 1,067. | 149,752. |
| | | TOTAL |
| DESCRIPTION | ANCORA GOLDMAN SACHS LUXEMBURG MERLIN PARTNERS | |

FORM 990PE, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| NET INVESTMENT INCOME | 1,116. | 4,240. |
|---|---------------------------|--------|
| REVENUE AND EXPENSES PER BOOKS | 1,116. | 4,240. |
| | | TOTAL |
| DESCRIPTION | ANCORA MERLIN PARTNERS | |

26-2448401

| TAXES |
|----------|
| ı |
| - |
| PART |
| 990PF. |
| ORM |
| \sim |

| NET INVESTMENT INCOME | 39. | 39. |
|---|--------------------------------|---------|
| REVENUE AND EXPENSES PER BOOKS | 39. 69,501. | 69,540. |
| | | TOTALS |
| DESCRIPTION | FOREIGN TAXES FEDERAL TAXES | |

ATTACHMENT 5

| RX PPN SFS |
|------------|
| OTHFR |
| ı |
| ۰ |
| PART |
| |
| 990PF. |

| NET INVESTMENT | |
|----------------------------|---|
| REVENUE AND EXPENSES | PER BOOKS 167. 532. 7,713. 5,530. |
| | CRIPTION K FEES LIN PARTNERS LIN PARTNERS |
| | DESCRI BANK FI MERLIN MERLIN |

TOTALS

- CORPORATE STOCK

FORM 990PF, PART II

DESCRIPTION

ANCORA AQV-004794 GOLDMAN SACHS

TOTALS

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9

BOOK VALUE ENDING

ENDING FMV

21.

21.

04440X B00A

FORM 990PF, PART II - OTHER INVESTMENTS

| 1, | 1,500,000. | VEHICLE COMPANY |
|-----|------------|-------------------|
| | 529,236. | MERLIN |
| | 969,495. | CUXEMBURG CAPITAL |
| 파 | BOOK VALUE | DESCRIPTION |
| END | ENDING | |

| TTACHMENT / | |
|-------------|--|
| ATTA | |

26-2448401

| ENDING | 969,495. 529,236. 1,500,000. | 2,998,731. |
|----------------------|------------------------------------|------------|
| ENDING BOOK VALUE | 969,495. 529,236. 1,500,000. | 2,998,731. |

ATTACHMENT 8

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED LOSSES ON SECURITIES

233,963.

TOTAL

233,963.

| CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT, PLANS ALLOWANCES | .0 | 0.0 | 0 |
|--|---|--|--------------|
| CONT TO E. | .0 | 0. | 0 |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | PRESI DENT/SECRETARY | VICE PRESIDENT/TREASURER | GRAND TOTALS |
| NAME AND ADDRESS | JAMES J. HUMMER 2000 AUBURN DRIVE, #330 CLEVELAND, OH 44122 | TERRANCE P. FERGUS 2000 AUBURN DRIVE, #330 CLEVELAND, OH 44122 | |

26-2448401

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | , |
|--|---|----------------------------------|--------|
| | AND | | |
| RECTPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| BOYS HOPE/GIRLS HOPE OF NORTHEASTERN OHIO 9619 GARFIELD BLVD. GARFIELD HETGHTS, OH 44092 | NOT RELATED | GENERAL SUPPORT | 16,000 |
| GESU 2450 MIRAMAR BLVD UNIVERSITY HEIGHTS, OH 44118 | NOT RELATED | GENERAL SUPPORT | 1,000 |
| GREAT LAKES SCIENCE MUSEUM 601 ERIESIDE AVE CLEVELAND, OH 44114 | NOT RELATED | GENERAL SUPPORT | 10,000 |
| LEUKEMIA & LYMPHOMA SOCIETY 23297 COMMERCE PARK CLEVELAND, OH 44122 | NOT RELATED | GENERAL SUPPORT | 500. |
| NOTRE DAME COLLEGE 304A MAIN BUTLDING NOTRE DAME, IN 46556 | NOT RELATED | GENERAL SUPPORT | 75,000 |
| POPE JOHN XXITI CHURCH 13060 PALOMINO LANE FORT MEYERS, FL 33912 | NOT RELATED | GENERAL SUPPORT | 4,400 |

| ATTACHMENT 10 (CONT'D) | | PURPOSE OF GRANT OR CONTRIBUTION | 250. | 48,236. | 450. | 200,000 | . 24,510. | 125,000 |
|------------------------|---|----------------------------------|--|--|--|---|--|--|
| | | PURPOSE OF GRANT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT |
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | FOUNDATION STATUS OF RECIPIENT | NOT RELATED | NOT RELATED | NOT RELATED | NOT RELATED | NOT RELATED | NOT RELATED |
| | | RECIPIENT NAME AND ADDRESS | THE CLEVELAND PLAYHOUSE 8500 EUCLID AVE. CLEVELAND, OH 44106 | ST IGNATIUS HIGH SCHOOL 1911 WEST 30TH ST. CLEVELAND, OH 44113 | BLUE COATS 925 EUCLID AVE. CLEVELAND, OH 44115 | GOLDEN AGE CENTERS 12200 FATRHILL, ROAD CLEVELAND, OH 44120 | BOOMER ESIASON FOUNDATION 2008 ARWSTRONG ROAD GARDEN COTY PARK, NY 11040 | REGINA HIGH SCHOOL. 1857 SOUTH GREEN ROAD SOUTH EUCLID, OH 44121 |

| EORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR | AID DURING THE YEAR | | ATTACHMENT 10 (CONT'D) |
|---|--|----------------------------------|------------------------|
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | • |
| RECIPTENT NAMF AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| ST MARTIN DE PORRES 6111 LAUSCHE AVE CLEVEHAND, OH 44103 | NOT RELATED | GENERAL SUPPORT | 25,000. |
| CAMP ETTCH 12600 ABELS RD NORTH SPRINGFIELD, PA 16430 | NOT RELATED | GENERAL SUPPORT | 1,000 |
| UNIVERSITY HOSPITALS 11100 EUCLID AVE. CLEVELAND, OH 44106 | NOT RELATED | GENERAL SUPPORT | 70,000. |
| MAYETELD COUNTRY CLUB CADDIE SCHOLARSHIP 1545 SHERIDAN RD CLEVELAND, OH 44121 | NOT RELATED | GENERAL SUPPORT | . 000, 000 |
| CLEVELAND ORCHESTRA 11001 EUCLID AVE CLEVELAND, OH 44106 | NOT RELATED | GENERAL SUPPORT | 1,000 |
| THE ENTREPRENEURS EDGE 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131 | NOT RELATED | GENERAL SUPPORT | 0005 |

26-2448401

ATTACHMENT 10 (CONT'D)

| | | PURPOSE OF GRANT OR CONTRIBUTION | |
|---|-----|----------------------------------|--|
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | AND | FOUNDATION STATUS OF RECIPIENT | |
| | | TENT NAME AND ADDRESS | |

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | • |
|---|---|----------------------------------|------------|
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| PARTNERS IN HEALTH 888 COMMONWEALTH AVE , 3RD FLOOR BOSTON, MA 02215 | NOT RELATED | GENERAL SUPPORT | 1,000 |
| HARVARD SCHOOL OF PUBLIC HEALTH 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 | NOT RELATED | GENERAL SUPPORT | 5,000 |
| FRIENDS OF E-PREP SCHOOLS 1417 EAST 36TH ST. CLEVELAND, OH 44114 | NOT RELATED | GENERAL SUPPORT | 10,000 |
| HARVARD BUSTNESS SCHOOL. 124 MOUNT ALBUM ST CAMBRIDGE, MA 02138 | NOT RELATED | GENERAL SUPPORT | . 50, 000. |

| 200 | |
|-----------------|--|
| | |
| | |
| | |
| GENERAL SUPPORT | |
| | |

37,000

GENERAL SUPPORT

NOT RELATED

POOR CLARES OF PERPETUAL ADORATION

CLEVELAND, OH 44103

4108 EUCLID AVE

NOT RELATED

10624 S EASTERN AVE

SIGHT FOR LIFE

HENDERSON, NV 89052

. .

| ATTACHMENT 10 (CONT'D) | AMOUNT | 10,000. | 475. | 350,000 | 10,500 | 1,000. | 175 |
|------------------------|--|---|---|---|---|--|--|
| | PURPOSE OF GRANT OR CONTRIBUTION | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT | GENERAL SUPPORT |
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | NOT RELATED . | NOT RELATED | NOT RELATED | NOT RELATED | NOT RELATED | NOT RELATED |
| | RECIPIENT NAME AND ADDRESS | CITIZENS ACADEMY 1827 ANSEL RD. CLEVELAND, OH 44106 | WVIZ 1375 EUCLID AVE. CLEVELAND, OH 44115 | SHRAHEEN MAYO FOUNDATION P.O BOX 770813 I.AKFWOOD, OH 44107 | TOWN HALI, OF CLEVELAND 1120 CHESTER AVE. CLEVELAND, OH 44114 | ROCK AND ROLL HALL OF FAME 1100 ROCK & ROLL BLVD CLEVELAND, OH 44114 | MAYFIELD SAND RTDGE 1545 SHERTDAN RD CLEVELAND, OH 44121 |

ATTACHMENT 10 (CONT'D)

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | • |
|---|---|----------------------------------|--------|
| RECTPTENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| бо сиуаноба | NOT RELATED | GENERAL SUPPORT | 1,000. |
| MONASTERY ST CLARE 6624 CADY RD. CLEVELAND, OH 44133 | NOT RELATED | GENERAL SUPPORT | 1,000 |
| SOMBERO | NOT RELATED | GENERAL SUPPORT | 500 |
| EPSTI.ON SIGMA ALPHA INTERNATIONAL 9580 MONTEVERDI WAY FORT MEYERS, FI, 33912 | NOT RELATED | GENERAL SUPPORT | 2,200 |

TOTAL CONTRIBUTIONS PAID 1,133,196

SCHEDULE D (Form 1041).

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB NO 1545-0092

Employer identification number

| - 1 | IOMMER FAMILY FOUNDATION | | | | 20-24404 | UI | |
|----------|---|--------------------------------------|----------------------------------|------------------------|--|-----|--|
| Note | : Form 5227 filers need to complete only F | arts I and II. | | | | | |
| Par | Short-Term Capital Gains and L | osses - Assets | Held One Ye | ar or Less | | | |
| I GI | (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price | (e) Cost or other (see page 4 of instructions) | the | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
| 1a | | | | | | | |
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| | ·-·· | | | | | | |
| | | | • | | | | |
| b | Enter the short-term gain or (loss), if any, | from Schedule D | -1 line 1b | | | 1b | 29,334. |
| | | | | | | | |
| 2 | Short-term capital gain or (loss) from For | | | | | | |
| 3 4 | Net short-term gain or (loss) from partner Short-term capital loss carryover Enter the | | | | | 3 | |
| | Carryover Worksheet | | | | . | 4 | (|
| 5 | Net short-term gain or (loss). Combine lii column (3) on the back | | <u></u> | <u> </u> | | 5 | 29,334. |
| Par | t Long-Term Capital Gains and Loss | es - Assets Held | More Than O | ne Year | | | |
| | (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price | (e) Cost or other (see page 4 of instructions | the | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
| 6a | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | <u> </u> | | |
| | | | | | | | |
| b | Enter the long-term gain or (loss), if any, | from Schedule D- | -1, line 6b | | | 6 b | 84,194. |
| 7 | Long-term capital gain or (loss) from For | ms 2439, 4684, | 6252, 6781, a | nd 8824 | | 7 | |
| 8 | Net long-term gain or (loss) from partners | ships, S corporat | ions, and other | estates or trusts | | 8 - | |
| 9 | Capital gain distributions | | | | | 9 | |
| | | | | | | | |
| 10 11 | Gain from Form 4797, Part I Long-term capital loss carryover Enter the | ne amount, if any | , from line 14 | of the 2008 Capital Lo | oss | | |
| 12 | Carryover Worksheet | es 6a through 11 | | Enter here and on li | | 11 | (|
| | column (3) on the back | | | | | 12 | 84,194 |
| F 1 | Danie a de la Danie de la Alandea de la Alandea de la Landea de la Landea de la Landea de la Landea de la Lande | | 0.44 | | C - | | - D /E 40441 20/ |

| Par | 4 111 | Summary of Parts I and II | | (4) Po | neficiaries' | (2) Es | tata's | r age a |
|-------|-------------|--|---------------|---------------|-------------------------|---------------|----------|---------------------------|
| rai | , | Caution: Read the instructions before completing this | nart | | page 5) | or tru | | (3) Total |
| 13 | Not she | ort-term gain or (loss) | 13 | (555) | page e/ | | | 29,334. |
| | | g-term gain or (loss): | 10 | | | | | |
| | | r year | 14a | | | | | 84,194. |
| b | Unreca | ptured section 1250 gain (see line 18 of the wrksht) | | | | | | |
| | | | | - | | | | |
| 15 | Total n | et gain or (loss). Combine lines 13 and 14a | 15 | | | | | 113,528. |
| | | 5, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For | | | | | | |
| to Pa | rt V, and o | do not complete Part IV If line 15, column (3), is a net loss, complete F | Part IV a | and the Ca | pital Loss Ca | rryover Worl | ksheet, | , as necessary |
| Pai | t IV | Capital Loss Limitation | | | | | | , |
| 16 | | ere and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F | | | | | | l |
| a | The los | s on line 15, column (3) or b \$3,000 ss on line 15, column (3), is more than \$3,000, or if Form 1041, pag | | | · · · · · · · · · · · · | | 16 | Capital Laga |
| Carry | over Work | ss on line 15, column (3), is more than \$3,000, or if Form 1041, pag isheet on page 7 of the instructions to figure your capital loss carryove | e i, iin F | e 22 (or F | om 990-1, I | ine 34), is a | ioss, c | complete the Capital Loss |
| Par | t V | Tax Computation Using Maximum Capital Gains Rate | es | | | | | |
| | | ilers. Complete this part only if both lines 14a and 15 in colu | | | ns, or an ar | nount is er | ntered | in Part i or Part II and |
| | | ntry on Form 1041, line 2b(2), and Form 1041, line 22, is mor | | | | | | |
| | | o this part and complete the worksheet on page 8 of the instruc 14b, col (2) or line 14c, col (2) is more than zero, or | ctions | IT . | | | | |
| | | 1940, cor (2) or line 140, cor (2) is more than zero, or 1941, line 2b(1), and Form 4952, line 4g are more than zero | | | | | | |
| | | trusts. Complete this part only if both lines 14a and 15 ar | e gair | s, or qua | alified divid | ends are II | nclude | ed in income in Part I |
| | | -T, and Form 990-T, line 34, is more than zero. Skip this pa | rt and | complet | e the work | sheet on p | age 8 | 8 of the instructions if |
| eithe | er line 14 | b, col (2) or line 14c, col (2) is more than zero | | | | | | |
| 17 | Enter ta | exable income from Form 1041, line 22 (or Form 990-T, line 3 | 34) . | 17 | _ | | | |
| 18 | | ne smaller of line 14a or 15 in column (2) | | | | | | |
| | | less than zero | | | | | | |
| 19 | | ne estate's or trust's qualified dividends | | | | | | |
| | | orm 1041, line 2b(2) (or enter the qualified | | | | | | |
| | | s included in income in Part I of Form 990-T) | | \rightarrow | | | | |
| 20 | | es 18 and 19 | | | | | | |
| 21 | | state or trust is filing Form 4952, enter the from line 4g, otherwise, enter -0 21 | | | | | | |
| 22 | | t line 21 from line 20. If zero or less, enter -0- | | 22 | | | | 1 |
| 23 | | at line 22 from line 17. If zero or less, enter -0- | • • • | 23 | | | 1 | |
| | 000 | | • • • | | | | 1 | |
| 24 | Enter th | ne smaller of the amount on line 17 or \$2,300 | | 24 | | | | |
| 25 | | mount on line 23 equal to or more than the amount on line 24 | | | | | 1 | |
| | Ye | es. Skip lines 25 and 26, go to line 27 and check the "No" box | Ĺ | | | | | |
| | | b. Enter the amount from line 23 | | 25 | | | ļ | |
| 26 | | ct line 25 from line 24 | | 26 | | | <u> </u> | |
| 27 | | amounts on lines 22 and 26 the same? | | | | | | |
| | Y• | S. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li | ne 22 | 27 | | | 4 | |
| | Catast | an amount from line 26 //f line 26 is blank, anter 0.) | | ٠, | | | | |
| 28 | Enter tr | ne amount from line 26 (If line 26 is blank, enter -0-) | | 28 | | | 1 | |
| 29 | Subtrac | ct line 28 from line 27 | | 29 | | | | |
| 30 | | / line 29 by 15% (15) | | | L | | 30 | |
| 31 | | the tax on the amount on line 23 Use the 2009 Tax Rati | | | | nd Trusts | | |
| - • | - | e Schedule Ginstructions in the instructions for Form 1041) | | | | | 31 | |
| | • | | - • • | - · · · · | - · · · · · | | | |
| 32 | Add line | es 30 and 31 | | | | | 32 | |
| 33 | | the tax on the amount on line 17 Use the 2009 Tax Rat | e Sch | edule for | | | | |
| | | e Schedule Ginstructions in the instructions for Form 1041). | | | | | 33 | |
| 34 | | all taxable income. Enter the smaller of line 32 or line 33 | | | | | | |
| | G, line ' | 1a (or Form 990-T, line 36) | | | <u></u> | <u></u> | 34 | 1 |

SCHEDULE D-1 (Form 1041).

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041).

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust

HUMMER FAMILY FOUNDATION

Employer identification number

26-2448401

| Part I Short-Term Capital Gains a | | ts Held One Yea | | | |
|--|---|----------------------------------|--|--|---|
| (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price (see page 4 of the instructions) | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
| a MERLIN K-1 | | | 25,289. | | 25,289 |
| ANCORA | | | 102,335. | 98,290. | 4,045 |
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29,334.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

| Part II Long-Term Capital Gains and | d Losses - Asse | ts Held More Tha | an One Year | · | |
|--|---|----------------------------------|--|--|---|
| (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price (see page 4 of the instructions) | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
| 6a MERLIN K-1 | | | | 4,693. | -4,693. |
| WHOLE HEALTH STOCK | | 12/31/2009 | 211,838. | | 211,838. |
| GOLDMAN SACHS HEDGE FUND | | | 1,375,446. | 1,500,000. | -124,554. |
| MERLIN PARTNERS | | | 1,603. | | 1,603. |
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| | | | | | |
| 6b Total. Combine the amounts in colum | n (f) Enter here a | nd on Schedule D, | line 6b | | 84,194. |

| Fum 8868 | 5 (Rev 4-2009) | | | | | Page 2 | | | | |
|---|--|------------------|---------------------------------------|-----------------------|-----------------|----------------|--|--|--|--|
| • If you | are filing for an Additional (Not Automatic) 3-Month Extension, complete only | Part II a | nd check this box | | | ▶ X | | | | |
| Note. C | Only complete Part II if you have already been granted an automatic 3-month ext | tension o | n a previously filed F | orm | 886 | 8 | | | | |
| • If you | are filing for an Automatic 3-Month Extension, complete only Part I (on page | 1) | | | | | | | | |
| Part II | Additional (Not Automatic) 3-Month Extension of Time. Only f | ile the d | original (no copie | s n | eed | ded). | | | | |
| _ | Name of Exempt Organization | · \$5 | | identification number | | | | | | |
| Type or print | HUMMER FAMILY FOUNDATION | 26-2448401 | 48401 | | | | | | | |
| | Number, street, and room or suite no. If a P.O. box, see instructions | For IRS use only | | | | | | | | |
| File by the extended | 5 · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| due date filing the | for City, town or post office, state, and ZIP code For a foreign address, see instructions | | | • | | | | | | |
| retum Se | CIEVELAND ON AA122 | . 1 | | | | | | | | |
| | type of return to be filed (File a separate application for each return) | | | | | | | | | |
| | Form 990 X Form 990-PF | | Form 1041-A | | ٦ _{Fc} | rm 6069 | | | | |
| \vdash | 1 61111 656 7 1 | \vdash | Form 4720 | \vdash | ┥ | rm 8870 | | | | |
| | Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) | \vdash | | _ |] , , | Jilli 0070 | | | | |
| | Form 990-EZ Form 990-T (trust other than above) | ath avtor | Form 5227 | h. 6 | lod | Form 9969 | | | | |
| | Do not complete Part II if you were not already granted an automatic 3-more | itii extei | ision on a previous | <u> </u> | ieu | - TOFIII 6666. | | | | |
| | | 016 | 0.4.0.1 | | | | | | | |
| | phone No ▶ 216 916-8420 FAX No ▶ 216 | 916- | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | organization does not have an office or place of business in the United States, of | | | | | ▶∐ | | | | |
| | s is for a Group Return, enter the organization's four digit Group Exemption Numb | | | SIS | | | | | | |
| | whole group, check this box ▶ ☐ If it is for part of the group, check this | box | . ▶ and attach | а | | | | | | |
| list with | the names and EINs of all members the extension is for | | | | | | | | | |
| 4 Ir | I request an additional 3-month extension of time until 11/15/2010 | | | | | | | | | |
| 5 F | For calendar year 2009, or other tax year beginning and ending | | | | | | | | | |
| 6 if | If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period | | | | | | | | | |
| 7 S | MODE WINE IC MERDED WO COMAIN WHE INCOMAWAN | | | | | | | | | |
| | NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN. | | | | | | | | | |
| _ | | | | | | | | | | |
| _ | | | | | | | | | | |
| 8a If | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the | tentative | e tax less anv | | | | | | | |
| | onrefundable credits See instructions | | | a \$ | : | 10,000. | | | | |
| _ | this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable | | - · | | | | | | | |
| | x payments made Include any prior year overpayment allowed as a credit | | 1 | | | | | | | |
| | reviously with Form 8868 | | ь s | : | 0. | | | | | |
| _ | | | | | | | | | | |
| c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, depos with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction | | | | | | 10,000. | | | | |
| w | | | bee instructions 6 | c \$ | <u> </u> | 10,000. | | | | |
| | Signature and Verification | | uto and to the best of a | | | dae and ballaf | | | | |
| • | enalties of perjury, I declare that I have examined this form, including accompanying schedules an correct, and complete, and that I am authorized to prepare this form | iu staterrier | its, and to the best of f | ıy Ki | IUWIE | aye and benet, | | | | |
| , | , pro-1, and one of the pro-1, and t | | | | | | | | | |
| _ | | | | | | | | | | |
| Signature | · · · · · · · · · · · · · · · · · · · | | Date > | | | | | | | |
| | FSM CAPITAL MANAGEMENT, LLC | | Fo | orm 8 | 868 | (Rev 4-2009) | | | | |

2000 AUBURN DRIVE, SUITE 330 CLEVELAND, OH 44122

| Form 8 | 1868 (Rev | / 4-2009) | | | | | | | | | | | | Page 2 |
|---|--|---|-------------|------------------|-----------------|----------------|-----------|-----------|--------------------------------|--------------------|---|----------------|----------------|------------------------|
| | | e filing for an Additional | (Not A | utomatic) 3 | -Month Exten | sion comr | lete onl | v Part | II an | d check this bo | DX | | b | TXT. |
| - | | complete Part II if you | - | • | | | | | | | | m 886 | - 88 | ш |
| | | e filing for an Automatic | | - | _ | | | | | | | | | |
| | | | | | | | | | e o | riginal (no co | ppies | nee | ded). | |
| Type | | Additional (Not Automatic) 3-Month Extension of Time. Only Name of Exempt Organization | | | | | | 12 A 194 | Employer identification number | | | | | |
| | | HUMMER FAMILY FOUNDATION | | | | | | | | 26-24484 | | | | |
| File by | | Number, street, and room or suite no. If a P.O. box, see instructions | | | | | | 12:25 | 1 | For IRS use only | , | | | |
| extend | ded 2000 AUBURN DRIVE | | | | | | | | | _ | | | | |
| due da filing ti | | City, town or post office, state, and ZIP code For a foreign address, see instructions | | | | | | (22) | | VAV-Sietan | 2.1.24 | 1 | 176 | 4.28-28-2 3.453.8-4 |
| retum | See | CLEVELAND, OH 44122 | | | | | | | | | | | | |
| Chec | k type | e of return to be filed (F | ile a se | parate appl | ication for eac | h return) | | | | | ~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | n 990 | | orm 990-PF | | , | | Γ | ٦ I | Form 1041-A | Γ | F | orm 60 | 69 |
| | | 1 990-BL | | | | or 408(a) tru | st) | | 7 1 | Form 4720 | | _F , | orm 88 | 70 |
| Н | Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) | | | | | | ⊸ | Form 5227 | - | | | | | |
| STO | | not complete Part II if | | | | | ic 3-mo | nth ex | | | iously | filed | Form 8 | 3868. |
| | | | | ENCE P. | | | - | | | | | • | _ | |
| | | NO GIO III IIIO OGIO OI | -8420 | | | FAX No | 216 | 91 | 6-8 | 421 | | _ | | |
| | | anization does not have | e an offi | ice or place | of business ii | | | check t | his b | oox | | _ | • | . 🗌 |
| | - | | | • | | | | | | | f this i | | | |
| • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box • If it is for part of the group, check this box • In and attach a | | | | | | | | | | | | | | |
| | | names and EINs of all | | | | ,,o g.oop, o | | | ٠. | | | | | |
| 4 | | | | | | /15/2010 | | | | | | | | |
| 5 | I request an additional 3-month extension of time until 11/15/2010 For calendar year 2009, or other tax year beginning and ending | | | | | | | | | | | | | |
| _ | | | | | | Initial return | 1 | Final r | | <u> </u> | iae in | accou | untina p | eriod |
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| . Otato in dotain mily you nood the oxionolon | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| 8a | If this | application is for Forn | n 990-B | 3L. 990-PF. | 990-T. 4720. | or 6069. | enter the | e tenta | itive | tax. less anv | | | | |
| | | fundable credits. See in | | | | , | | | | | 8a | \$ | 10,0 | 000. |
| ь | | application is for Form | | | 20. or 6069. | enter any r | efundab. | le cred | lits a | and estimated | 130 | | | |
| - | | ayments made Include | | | | | | | | | 17 | 1 | | |
| | | ously with Form 8868 | , | , | | | | | • | • | 8 b | s | | 0. |
| С | | ice Due. Subtract line 8 | b from | line 8a Inc | lude vour pav | ment with 1 | his form | or. if | rea | uired, deposit | \neg | | | |
| • | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$ 10,000 | | | | | | | | | | 000. | | | |
| | | | <u> </u> | <u> </u> | Signature | | | | | | | | | |
| Under | penalti | es of perjury, I declare that | l have ex | amined this fo | | | | | ment | s, and to the best | of my | knowl | edge and | belief, |
| it is tru | ие, согте | ect, and complete, and that I are | n authonze | ed to prepare th | nis form | | | | | | | | | |
| | | 1 | 1 - | _ | | | | _ | | | | 0.1 | 1 | |
| Signat | ture 🕨 | 1 N L | 1 | | | Title ▶ | N.6 | o Pa | 7 | (Date | e ▶ | <u>\$(</u> | 1)[16 | 2 |
| | F | SM CAPITAL MANA | GEMEN | T, LLC | | | | - | | - | For | n 886 | 8 (Rev 4 | 4-2009) |
| | 2 | 2000 AUBURN DRIV | E, SU | ITE 330 | | | | | | | | | | |
| | C | LEVELAND, OH 44 | 122 | | | | | | | | | | | |