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Department of the Treasury

Internal Revenue Service

### **Short Form Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

	A For the 2009 calendar year, or tax year beginning , 2009, and ending							, 20				
	<b>B</b> c	heck if a	pplicable	Please	C Name of organization				D Empl	loyer iden	tification number	
		Address o	change	use IRS label or	Fund for Our Economic F	uture of North	neast	Ohio	27	-06069	<del>)</del> 27	
	$\equiv$	Name cha	-	print or	print or Number and street (or PO box, if mail is not delivered to street address) Room/suite E Tele				E Telep	Telephone number		
		Initial retu Ferminate		type. See	1422 Euclid Avenue, Suit	e 1510			21	6.925.	4905	
	=			Specific	City or town, state or country, and ZIP + 4					up Exemp	· · · · · · · · · · · · · · · · · · ·	
	=	Amended Applicatio	n pending	Instruc- tions	Cleveland, OH 44115					ap Exem nber ▶	)LIOI1	
	<u>'</u>		<del></del>	organi:	zations and 4947(a)(1) nonexempt chari	dable devices moved adda	-6	G Assau			Cash  Accrual	
		● 28C	(1011 30 1   12)(3)		mpleted Schedule A (Form 990 or 990-E		CH		specify		1 Casii   Accidai	
			<del>_</del>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· <b>-</b> /-				If the organization is <b>not</b>		
				F.	uturefundnco.org					_		
		Vebsit									edule B (Form 990,	
					nly one) — <b>③</b> 501(c) ( <b>3</b> .) ◀ (insert no				Z, or 99			
		Check			zation is not a section 509(a)(3) supporting							
					turn is not required, but if the organizatio					lete returi	<u> </u>	
					e 9 to determine gross receipts, if \$500,000 c					\$	- D. III	
	P	art I			enses, and Changes in Net Ass					ctions t		
		1		-	ts, grants, and similar amounts receiv					1	0	
		2	-		revenue including government fees ar					2	0	
		3	Membersh	np dues	s and assessments					3	0	
		4	Investmen							4	0	
		5a			m sale of assets other than inventory		а	0				
<i>─</i> ~`		b	Less: cost	or othe	er basis and sales expenses	<u>5</u> 1	<u> </u>					
	4	С	•	•	n sale of assets other than inventory (	-		•	,	5c	0	
~	ĕ	6			civities (complete applicable parts of Schedule G	-	aming, (	check here		1		
9	Revenue	а	Gross reve	enue (no	ot including \$ o	of contributions						
$\sim$	Re		reported o	n line 1)	)	6	a					
MAY 2 6 2010		b	Less: direc	t exper	nses other than fundraising expenses	6 <b>. 6</b> 1	<u> </u>					
≥Σ		С	Net income	e or (los	ss) from special events and activities	(Subtract line 6b fror	n line	6a) .		6c	0	
$\cap$		7a	Gross sale	s of inv	entory, less returns and allowances		a	0				
ũ		b	Less: cost	of good	s sold blos at	7t	<b>.</b>					
Z		С	Gross prof	it or flos	ຮຸງ ເທດກາ sales of inventory (Subtract I	ine 7b from line 7a)				7c	0	
Z		8	Other reve	nde de	actible U				) [	8	0	
		9_			od lines 1, 2, 3, 60 c, 6c, 7c, and 8				. ▶	9	0	
SCANNED		10	Granteano	sımılar	r മൂന്നുവ <b>ു</b> ള് ബ്ലൂദ്രി (Pitach schedule) .					10	0	
		11	Benefits pa	aid to oi	9 9 9 100				[	11	0_	
	Se	12	Salarles, et	ther-cor	mpensation, and employee benefits				[	12	0	
	enses	13	Profession	(1) (es)	and pine payments to independent	contractors			[	13	0	
	be	14	Occupancy	y <del>, rent, 1</del>	utilities, and maintenance				[	14	0	
	Exp	15			ons, postage, and shipping				. [	15	0	
		16								16	0	
		17	Total expe	enses. /	describe  Add lines 10 through 16				_ ▶	17	0	
	s	18			for the year (Subtract line 17 from lin					18	0	
	Net Assets	19			d balances at beginning of year (fro				with		<del></del>	
	SS				reported on prior year's return) .					19	0	
	et/	20			net assets or fund balances (attach e					20	0	
	ž	21			balances at end of year. Combine lin				. ▶	21	0	
	Pá	art II	Balance	Shee	ts. If Total assets on line 25, column	(B) are \$1.250.000 c	r more	e, file Forr	n 990 i			
					(See the instructions for Part II.)	., ., .,		(A) Begi			(B) End of year	
	22	Ca	ish, savings	and in	vestments			0		22	<del></del>	
	23		nd and build					0		23		
24 Other assets (describe ▶) 0							24					
	25							0		25	<del></del>	
	26		tal liabilitie:				٠	0		26	<del></del>	
	27	Ne	et assets or	fund b	alances (line 27 of column (B) must	agree with line 21)	′	0		27		

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)  What is the organization's primary exempt purpose?  * Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.										(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )			
5 	28 The Fund for Our Economic Future of Northeast Ohio did not receive its  501(c)(3) exemption until December 6, 2009; therefore, there were no grants and no financial activity occurred in 2009. Prior to obtaining (Grants\$ ) If this amount includes foreign grants, check here									no ›	28a		0
<u>i</u> 0	ts 501(c)(3) nformally, pur Economic rants\$	ooling som Future" to	the partine of their make gran	reso ts to	ource 501	s under (c)(3) o	the na	me "Fu	nd f	or	29a		
30 s	elected by a	majority	of the par	ticij	pants	•							
31 Otl	rants \$ her program servic rants \$ tal program servi	ces (attach sch )	If this amount	include	 es foreig	 gn grants, cl	 neck her	 e		<u> </u>	30a 31a 32		
Part IV			ustees, and Key									tions fo	or Part IV.)
		e and address		(b	) Title and	d average	(c) Co	mpensation not paid, ter -0)	(d) emplo	Contribution yee benefit red compe	ns to plans &	(e) E	xpense ount and illowances
S	EE ATTACHED	SCHEDULE				for Our							Ohio
						receive							
		<del></del>				6, 2009 benefit							
						ance wer				ny one	and		capeno
													-
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								<del></del>					<del></del>
							1		1				<b>EZ</b> (2009

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
05	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
a	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			X.
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			]
a	Initiation fees and capital contributions included on line 9	. !		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 : section 4912 ▶ 0 : section 4955 ▶ 0			
	, , , , , , , , , , , , , , , , , , , ,			] ;
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		-	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	- 10.0		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			;
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X X
41	List the states with which a copy of this return is filed ▶Ohio			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			·
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	<del></del>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	No
	account)?  If "Yes," enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			Ι :
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
-	If "Yes," enter the name of the foreign country: ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	<del></del>			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	_		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	17(a)(1) nonexempt cha	exempt charitab ritable trusts mus	le trusts only. A t answer questio	ll sec ns 46	tion -49b	,			
	Did the organization engage in direct or indirect					Yes				
	candidates for public office? If "Yes," complete				46 47		X			
	Did the organization engage in lobbying activities is the organization a school as described in section				47		<u>X</u>			
	Did the organization make any transfers to an ex		-		49a	$\overline{}$	X			
	If "Yes," was the related organization a section 5	-	_		49b	N\				
50	- 1 100, 140 tilo 1010 til									
	(a) Name and address of each employee paid more than \$100,000	e and address of each employee paid more  (b) Title and average hours per week  (c) Compensation employee benefit plans &				(e) Expense account and other allowance				
	NONE									
	NONE				-					
·										
	<u> </u>									
·										
f	Total number of other employees paid over \$100	),000 ▶	NONE	I		-				
	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor	n. If there is none, enter "I	None."			npensat				
	NONE									
d	Total number of other independent contractors of	each receiving over \$100,0	► <u>1</u>	NONE	-					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	inying schedules and sta based on all information	tements, and to the bes of which preparer has a	t of my	knowle wledge	dge			
Sign Here	2 hola	lo		4/30/20	10	_				
	Signature of officer Michael Shafarenko, Secret	arv	(	Date '/						
	Type or print name and title	u. j								
Paid	Preparer's signature Partin A Ranney	Date 4/30	Check if self-employed >	Preparer's identifying num	nber (See	 instructi	ions)			
Prepare Use On	by Firm's name (or Schneider, Sme	ltz, Ramney & LaF	ond P.L.L. EIN							
	address, and ZIP + 4 / 1111 Superior	Ave., #1000, Clev		one no ▶ (216)		4200				
May th	e IRS discuss this return with the preparer showr	above? See instructions		<u>▶ X</u>	Yes	<u>    N</u>	<u>lo</u>			

#### . SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

	Fu	nd for O	ır Economic	Future of Nort	heast (	Ohio			27	060692	27
Pa	rt I	Reaso	n for Public Ch	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	oraa	anization is r	not a private four	ndation because it is:	(For lines	1 through	h 11, ch	eck only	one box	)	
1				irches, or association							
2		A school de	escribed in <b>secti</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital of	or a cooperative	hospital service organ	nization d	escribed	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organiza	tion that normall	y receives a substanti	al part of						the general public
	_			<b>(1)(A)(vi).</b> (Complete F							
8				d in <b>section 170(b)(1)</b>							
9	Ш			y receives: (1) more th							
				ed to its exempt func- ient income and unre							
				n after June 30, 1975.						i OTT tax	THOM BUSINESSES
10		•	•	nd operated exclusive						(a)(4)	
11	$\Box$			and operated exclusive							r to carry out the
• •	_			blicly supported organ							
				at describes the type							
		а 🗌 Туре	el <b>b</b> [	] Type II 💢 🐧	: 🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d□	Type III-Other
е		By checkin	g this box, I cer	tify that the organiza	tion is no	ot control	led direc	tly or inc	directly b	y one or	more disqualified
		•		on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	escribed in section
		509(a)(1) or	section 509(a)(2)	).							
f		_		a written determinate	on from	the IRS	that it is	а Туре	I, Type II	, or Type	III supporting
		•	n, check this box								🛚
g		Since Augu following pe		the organization acce	epted any	gift or c	ontributio	on from a	any of the	<del>)</del>	
				r indirectly controls, e	outhor alo	no or too	other wil	h noreon	ne deceri	and up (u)	Yes No
				ning body of the sup				iii persor	is descri	Jea III (II)	11g(i)
		• •		erson described in (i)		-				• • •	11g(II)
				of a person described							11g(iii)
<u>h</u>				ation about the suppo							
(1)		of supported	(ii) EiN	(iii) Type of organization				(vi) is the		(vii) Amount of	
	org	anization		(described on lines 1–9 above or IRC section	in col. (i) listed in your governing document?		the organization in col (i) of your			ion in col zed in the	support
				(see instructions))		1	supp	ort?	<del> </del>	S ?	
					Yes	No	Yes	No	Yes	No	
							İ				
						<del> </del>					
					<del> </del>						
Tota	31		ŀ	1	1	1	1	l	1		

	Support Schedule for Org (Complete only if you check					and 1/0(b)(	1)(A)(VI)	
	tion A. Public Support				T	T	T 48 - :-	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					0		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge					0		
4	Total. Add lines 1 through 3		ļ			0	<b> </b>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.			<u> </u>	<u> </u>		<u> </u>	
	tion B. Total Support		T	T	1	T	T 10 =	
Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	:				0		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					0		
11	Total support. Add lines 7 through 10 .		<u> </u>	1		ļ,	L	
12	Gross receipts from related activities, etc	•	•			12	0	
13	First five years. If the Form 990 is for organization, check this box and stop he	re				rear as a section	on 501(c)(3)	
	tion C. Computation of Public Sup						-	
14	Public support percentage for 2009 (line		-	1, column (f))		14	9/	
15	Public support percentage from 2008 Sch					15	9	
16a	33% % support test—2009. If the organizand stop here. The organization qualifies	as a publicly	supported orga	nization			▶	
	33% % support test—2008. If the organization qua	lifies as a pub	licly supported	organization .			▶	
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ▶ □							
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test The	nstances" test, organization qu	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization .	IV how the	

The Fund for Our Economic Future of Northeast Ohio did not receive its 501(c)(3) tax-exemption determination letter until December 6, 2009. It had no financial activity in 2009 but expects to operate as a public charity receiving a substantial part of its support from the general public in 2010.

# Fund for Our Economic Future of Northeast Ohio

# 2009 990-EZ Tax Return (EIN: 27-0606927)

# Part IV - List of Officers and Directors:

<u>Name</u>	<u>Title</u>	Mailing Address
Deborah Hoover	Director	22 Aurora Road Hudson, Ohio 44326
David Abbott	Director and Officer Chair	Suite 1845 Guildhall Building 45 Prospect Avenue, West Cleveland, Ohio 4411
Ronald Richard	Director	Suite 1300 The Hanna Building 1422 Euclid Avenue Cleveland, Ohio 44115
Vivian Neal	Director	3875 Embassy Parkway Akron, Ohio 44333
Brian Frederick	Director and Officer Vice Chair	1865 North Avenue, Suite A Lorain, Ohio 44055
William B. La Place	Director and OfficerTreasurer	Suite 3300 127 Public Square Cleveland, Ohio 44114
Robert Briggs	Director	3875 Embassy Parkway, Suite 25 Akron, Ohio 44333
Phillip A. Ranney	Director	c/o Schneider, Smeltz, Ranney & LaFond 1111 Superior Avenue, Suite 1000 Cleveland, Ohio 44114
Dr. Roy Church	Director	1005 Abbe Road Elyria, Ohio 44035-1691
Denise S. Zeman	Director	4208 Prospect Avenue Cleveland, Ohio 44103
Peter Meisel	Director	c/o Carnegie Companies, Inc. 6190 Cochran Road, Suite A Solon, Ohio 44139

Jack Sherwin	Director	Suite 545 The Hanna Building 1422 Euclid Avenue
		Cleveland, Ohio 44114
Kim Pesses	Director	c/o Carnegie Companies, Inc.
	1	6190 Cochran Road, Suite A
	•	Solon, Ohio 44139
Lud Huck	Director	225 W. Wayne Avenue
		Wooster, Ohio 44691
Randell McShepard	Director and	2628 Pearl Road
<b>r</b>	Officer - Vice Chair	Medina, Ohio 44258
C1 ' . ' . '	-	2075 Fush Dadi
Christine Mayer	Office – Vice Chair	3875 Embassy Parkway, Suite 25
	vice Chair	Akron, Ohio 44333
D . II WI. 2-1 I	Off	.i
Bradley Whitehead	Officer - President	1422 Euclid Avenue, Suite 1510
	riesident	Cleveland, Ohio 44115
MC-11 Ch-C		+
Michael Shafarenko	Officer	1422 Euclid Avenue,   Suite 1510
•	Secretary	Cleveland, Ohio 44115
,	, OCC	·
Robert B. Jaquay	Officer Vice President	Suite 1845 Guildhall Building
	vice rresident	45 Prospect Avenue, West Cleveland, Ohio 4411
		Cieveland, Omo 4411