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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

<u> </u>	For th	e 2009 ca	alendar	year, or tax year be				nd ending				, 20	
В	Check if a	applicable	Please	C Name of organization	n City of Cleveland	Cable Tele	evisior	<u> </u>		D	Employer	identification i	number
	Address	change	use IRS label or	Doing Business As							34	18 <u>3268</u>	<u> 19</u>
$\overline{}$	Name ch	•	print or	Number and street (or I	O box if mail is not delivered	to street addre	ess)	Room/suite		Ε	Telephone	e number	
	Initial ret	•	type See	1422 Euclid Ave	nue			13	00		(216)	861-381	0
	Terminat		Specific Instruc-	City or town, state of	or country, and ZIP + 4								
$\overline{}$			tions	Cleveland, OH	44115-2015					G	Gross rece	nts \$ 39	97,077
	Amende		F Nan	ne and address of princ		Minter						r affiliates?□Yes	
<i>،</i> ب	Applicatio	on pending		*	e. 1300, Cleveland,							luded? Tes	
_	Tay aya	empt status		501(c) (3) ◀ (insert no		☐ 527	-						
			· [<u>v</u>] 3	out(c) (3) (insert no)				1			st (see instruction	insj
	Websi		70				. V				mption numb		
_				oration L Trust L Asso	ciation ☐ Other ►		L Tear	of formation	199	5 N	n State of it	egal domicile O	<u>п</u>
F	art i	Summ	ary										
	1	Briefly de	escribe	the organization's	mission or most sig	inificant ac	tivities.						
a					nd operated exclusi		e bene	fit of, and	to car	ry o	ut the ch	aritable and	
Activities & Governance	-	education	onal fu	nctions of The Cle	eveland Foundation	:							
Ĕ	١.												
ŏ	2 (Check this	box ► l	if the organization	discontinued its operations	s or disposed	of more	than 25% of	fits net a	assets			
<u>م</u>	3 1	Number	of votir	ng members of the	governing body (Pa	rt VI, line 1	1a)				3		8
Se				•	embers of the govern			l. line 1b)			4		8
Ě	ł .			f employees (Part			(,,	•		5		0
Ċţ				f volunteers (estim		•	•	• •	• •	• •	6		0
•					venue from Part VIII.	column (C)) line 1		•	• •	7a		0
					come from Form 990				•		7b		0
	-	I TOL GING	iaica b	donicoo taxable int	Some from Form 500	1, 11110 0 1	•		Prior	Year		Current Ye	
	١.,										30,411		0
Revenue	1			nd grants (Part VIII		•		· ·		<u>`</u>	0		<u>_</u>
	1	_		e revenue (Part VIII	- ·			·		42			77,957
è	1			•	mn (A), lines 3, 4, an	•		· · }			39,837		
					A), lines 5, 6d, 8c, 9c			.i, · ├─	-		0	·····	0
	12	Total reve	enue – a	idd lines 8 through	11 (must equal Part V	III, column ((A), line	12)			70,248		77,957
	13 (Grants a	nd sımı	ılar amounts paid ((Part IX, column (A),	lines 1-3) .				22	20,000	2(00,000
	14	Benefits	paid to	or for members (I	art IX, column (A), I	ine_4)					0		0
Expenses	15	Salaries,	other co	ompensation, emplo	yee beneins (Part X)	ćα Ιψπη (Α),	lines 5	-10)			0		0
e					X, column (A);-line 1	1.e).	1.				0		0
X					@iμmη _λ (P), Jine 25) ▶	777	31						
	17	Other ex	penses	(Part IX. column	AP lines 11a-11d 14	2020n lö	il .			8	33,858		60,019
	18	Total exi	enses	Add lines 13-17	must-equal Part IX.	column 🙆	line 2	5)		30	3,858	2	60,019
					ne 18/mpm line 12		1	·'		(13	3,610)	(18	2,062)
ts or	3			Ĺ	_ UGDEN,	UT	l .	Be	ginning o			End of Yea	er e
ets	20	Total acc	eate (Pa	art X, line 16)			j			3.13	37,897	3,5	78,257
Ass	21		-	Part X, line 26)				•			3,318		
Net Asset Fund Balar	21				tract line 21 from line	 e 20			_	3 13	34,579	3.5	78,257
	art II			Block	trade into 21 Honri into	<u> </u>		· · · · · ·		<u> </u>	.,		
	<i>.</i>				have examined this return	including ac	company	una schedule	s and sta	ateme	nts, and to	the best of my k	nowledge
		and belg	f, it is tru	ue, correct, and comple	te Declaration of preparer	(other than o	officer) is	based on all	informat	ion of	which prep	arer has any kn	owledge
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Sig			nature of	all					l.	Date	13/10		
He	ere	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		′	1.					Date			
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		Тур	e or print	name and title				I ob					
		Preparer					Date	Chec	KII.		'reparer's ide see instructio	ntifylng number ns)	
Pai	d	signature	₽						oyed 🕨	⊔ "		,	
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	only		ame (or y	ours					EIN		> :		
USE	Oilly	if self-en address,	and ZIP	+ 4					Phor	ne no	> ()	
Ma	y the	•			reparer shown above	e? (see ins	tructio	ns)				Yes	√ No

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. The organization is organized and operated exclusively for the benefit of, and to carry out the charitable and educational functions of The Cleveland Foundation.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 200,000 including grants of \$ 200,000) (Revenue \$ 0)
	Grantmaking to support The Cleveland Foundation or to carry out the charitable and educational functions of The Cleveland Foundation.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses > 200,000

Par	t IV Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	!		
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional]
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
14a		144	 	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u></u>	✓

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	00		,
	employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization 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	25b		✓_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	V _
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	İ		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90	\vdash	
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12	1		1
b 11	Section 501(c)(12) organizations. Enter.	1		
''a	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		-

	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ļi		ļ, J
	any other officer, director, trustee, or key employee?	_2_		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		\ <u>\</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6_		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	. .	,	
	of the governing body?	7a	√	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	✓	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	<u>√</u>	ļ
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لبيا
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		V
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	46h		
800	the organization's exempt status with respect to such arrangements?	16b		Ь
17	List the states with which a copy of this Form 990 is required to be filed Dhio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable), 990-T (501(or 1024 if applicable), 990-T (501(or 1024 if applicable)	၁)(૩)s	oniy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: ► Linda L. Fousek 1422 Euclid Avenue Suite 1300 Cleveland, OH 44115-2015, 216-861-38	rds o 10	t the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	arry (Juni) (2)	Jei, U	1150	(D)	(E)	(F)
Name and Title	Average	Posit	ion (c	checi	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Steven A. Minter President & Trustee (effective 7/8/09)	1	✓					·	0	0	0
Yvonne Pointer Vice President & Trustee	0.5	1						0	0	0
Terrell Pruitt Trustee (effective 4/1/09)	0.5	1						0	0	0
Nate Wilkes Trustee (effective 4/1/09)	0.5	1						0	0	0
Kathy Allen Trustee	0.5	1						0	0	0
Michael J. Hoffman Trustee	0.5	1						0	0	0
Mia L. Moore Trustee	0.5	✓						0	0	0
Hilary S. Taylor Trustee	0.5	1						0	0	0
Roosevelt Coats Chairperson & Trustee (until 3/31/09)	1	/						0	0	0
Sabra Pierce-Scott Trustee (until 3/31/09)	0.5	1						0	0	0
Sharon H. Glaspie Trustee (until 3/31/09)	0.5	✓						0	0	0
Karen Sayre Secretary	0.5			√				0	74,611	21,614
Linda L. Fousek Treasurer	0.5			1				0	102,018	18,597

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
											
											i
<u>1b</u>	Total							▶	0	176,629	
2	Total number of individuals (including but reportable compensation from the organization)	not limited ation ► 0	to the	se	liste	ed a	bove) wh	no received mo	ore than \$100,0	
3	Did the organization list any former office employee on line 1a? If "Yes," complete So	r, director	or tru	ıste	e, k	ey	emplo		_		Yes No 3 ✓
4	For any individual listed on line 1a, is the s the organization and related organizations	um of repo	ortabl	e co	omp	ens	ation	and		nsation from	
5	individual	or accrue		ens	 satio	on f	rom a	anv	unrelated orga	 anization for	4 /
Se	services rendered to the organization? If ") ction B. Independent Contractors	es," comp	lete S	Sch	edu	le J	for s	uch	person		5 🗸
1	Complete this table for your five highest cocompensation from the organization.	mpensate	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000 of
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
No	ne										
											
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received	

Par	VII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns				
Contributions, and other simi	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	0			
Program Service Revenue	2a b c d e f	All other program service revenue .				
<u>ā</u>	3 4 5	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds Royalties ▶	66,804 0			66,804
	6a b c	Gross Rents Less: rental expenses Rental income or (loss) (i) Real (ii) Personal	0			
		Net rental income or (loss)				
	С	Less: cost or other basis and sales expenses . Gain or (loss)	11,153			11,153
Other Revenue		Gross income from fundraising events (not including \$				
ŏ	С	Net income or (loss) from fundraising events Gross income from gaming activities.	0			
		See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities .	0			
	10a	Gross sales of inventory, less returns and allowances a Less cost of goods sold b				
		Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code	0		,	
	11a b c					
		All other revenue	0 77,957			77,957
	<u>, - = </u>		11,331			11,331

Part IX Statement of Functional Expenses

	Statement of Functional Expense				
	Section 501(c)(3) and 50 All other organizations must complete col	umn (A) but are not	required to comp	lete columns (B), (
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	200,000	200,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal	632		632	· · · · · · · · · · · · · · · · · · ·
	Accounting				
	- I			+	
	Lobbying				" '
	Professional fundraising services See Part IV, line 17	26,901		26,901	
	Investment management fees	20,901		20,901	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.				
20	Int 1				
20 21	Payments to affiliates				
	-				
22 22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a b	Payment to defray operational cost paid by supported organization: back office				
c	support, such as, accounting; financial;				
d	and tax reporting.	32,286		32,286	
e	All other over a series	200		200	
f 25 26	All other expenses Total functional expenses. Add lines 1 through 24f	260,019	200,000	60,019	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	62,551	1	31,462
	2	Savings and temporary cash investments	406,312	2	50,923
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	•	employees, and highest compensated employees Complete Part II of			
1		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
ĺ		Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment: cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10c	
1	11	Investments—publicly traded securities	2,147,672	11	2,835,966
1	12	Investments—other securities. See Part IV, line 11	496,247	12	600,768
1	13	Investments—program-related. See Part IV, line 11		13	
1	14	Intangible assets	<u></u>	14	·····
1	15	Other assets. See Part IV, line 11	25,115	15	59,138
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,137,897	16	3,578,257
1	17	Accounts payable and accrued expenses	3,318	17	0
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities	 	20	
e 2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ia		employees, highest compensated employees, and disqualified			
7		persons. Complete Part II of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	3,318	26	0
S		Organizations that follow SFAS 117, check here ▶ ☑ and			
		complete lines 27 through 29, and lines 33 and 34.			
aga 2	27	Unrestricted net assets	2 424 570	27	2 570 257
<u>m</u> 2	28	Temporarily restricted net assets	3,134,579	28	3,578,257
독 2	29	Permanently restricted net assets		29	
or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	30 31			31	
As	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
75 I	32 33	Total net assets or fund balances	3,134,579	33	3,578,257
	33 34	Total liabilities and net assets/fund balances	3,137,897	34	3,578,257

Pai	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other Modified Acc				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			
b	b Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c	./		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both.		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 1832689 City of Cleveland Cable Television Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **c** ☐ Type III–Functionally integrated **d** Type III-Other a 🗹 Type I **b** Type II e 🛮 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col in col (i) listed in your organization the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Νo Yes The Cleveland \$200,000 in 34-0714588 8 Foundation grants to carry out The Cleve. Fdn's charitable purpose. 200,000

	Support Schedule for Org (Complete only if you check					and 170(b)(I)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>				
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support		1	L	I	·	<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2005	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>		l	· · · · · · · · · · · · · · · · · · ·	<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
Sec	tion C. Computation of Public Su	pport Perce	entage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line	6, column (f) c	livided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci					15	<u>%</u>
16a	33% % support test – 2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
b	33% % support test-2008. If the organization quality and stop here. The organization quality	ilifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances Private foundation. If the organization did	acts-and-circui ances" test. The	mstances" test, e e organization qu	check this box a alifies as a public	and stop here. cly supported or	Explain in Part rganization .	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)											
((Complete only if you checke	d the box or	n line 9 of Pa	ırt I.)							
Section A.	Public Support										
Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009					

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09 (f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include											
•	any "unusual grants ") .											
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.											
3	Gross receipts from activities that are not an unrelated trade or business under section 513			-								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
5	The value of services or facilities furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5											
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .											
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year											
	Add lines 7a and 7b											
8	Public support (Subtract line 7c from line 6)											
Section B. Total Support												
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09 (f) Total					
9 10a	Amounts from line 6											
	sources											
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975											
С	Add lines 10a and 10b											
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on											
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)											
13	Total support. (Add lines 9, 10c, 11, and 12.)											
14	First five years. If the Form 990 is for organization, check this box and stop		on's first, seco			ear as a	. []					
Sec	tion C. Computation of Public Su	pport Perce	ntage			4						
15	Public support percentage for 2009 (lin					15	%_					
16	Public support percentage from 2008			<u></u>	<u></u>	16	<u>%</u>					
Sec	tion D. Computation of Investmen					T I						
17	Investment income percentage for 200					17	<u>%</u> %					
18	Investment income percentage from 20 33% % support tests – 2009. If the org											
198	17 is not more than 33% %, check this b	oox and stop h	ere. The organ	ization qualifie	s as a publicly	supported	d organization ▶ □					
b	33\% support tests - 2008. If the organ line 18 is not more than 33\% %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	l6 is more	than 33%%, and					
20	Private foundation. If the organization	•	_				_					

Schedule A (F	orm 990 or 990-EZ) 2009					Page 4
Part IV	Supplemental Int	formation. Com	plete this pa II, line 12. P	art to provide the rovide any other	e explanations require additional information	ed by Part II, line 10; on See instructions.
		•••••			·	
		•••••				•••••
						
					·	
					•	
						
					·	
						
				•••••		
• • • • • • • • • • • • • • • • • • • •						
					·	

SCHEDULE D (Form 990)

Supplemental Financial Statements

20

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Inspection
Employer identification number

City	of Cleveland Cable Television	3	4 :	1	183268	9							
Pa	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	Funds	or A	counts	. Com	plete if							
	(a) Donor advised funds		(b) Fund	is and other	er accoun	ts							
1	Total number at end of year												
2	Aggregate contributions to (during year)												
3	Aggregate grants from (during year)					_							
4	Aggregate value at end of year												
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal co				Ye	s 🗌 No							
6	Did the organization inform all grantees, donors, and donor advisors in writing that g used only for charitable purposes and not for the benefit of the donor or donor advis purpose conferring impermissible private benefit?	sor, or fo	ds ca or any 	n be other		es 🗌 No							
Pa	t II Conservation Easements. Complete if the organization answered "Yes"		n 990	Part IV	, line 7.								
1 2	☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation												
	easement on the last day of the tax year. Held at the End of the Tax Y												
_	Total number of conservation easements		2a	nord at the		TIO TON TOU							
a b	Total number of conservation easements		2b										
C	Number of conservation easements on a certified historic structure included in (a)	•	2c										
	d Number of conservation easements included in (c) acquired after 8/17/06.												
3													
4	Number of states where property subject to conservation easement is located ▶												
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?	ction, ha	ındlıng	of	□ Ye	s 🗌 No							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	tion eas	ement	s during	the yea	ar							
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation € ▶\$	easemer	nts du	ring the	year								
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	nts of se	ction		□ Ye	es 🗌 No							
9	In Part XIV, describe how the organization reports conservation easements in its revebalance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	's financ	al sta	tements	that de	and escribes							
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	r Other	Simil	ar Asse	ts.								
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or r provide, in Part XIV, the text of the footnote to its financial statements that describes	research	ın fur	d baland therance	e shee of publ	t works of ic service,							
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statistic treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	esearch	in furt	herance	of publ	ic service							
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	ar asset	s for f	inancial	gain, pi	rovide the							
а	Revenues included in Form 990, Part VIII, line 1		. •	\$									
h	Assets included in Form 990, Part X			.									

Pa	ΠA	2

Par	t III Organizations Maintaini	ng Collections	of Art, His	storica	l Treasures,	or O	ther Similar As	sets (contin	iued)			
3	Using the organization's acquisition, collection items (check all that apply		other recor	ds, che	ck any of the f	ollow	ring that are a si	gnificai	nt use	of its			
а	Public exhibition		d		oan or exchan								
b	Scholarly research		е		Other								
С	☐ Preservation for future generat	ions											
4	Provide a description of the organization Part XIV.	ation's collections	s and expl	aın how	they further the	ne or	ganızatıon's exe	mpt pi	ırpose	: IN			
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	ained as pa	ert of the	e organization's	colle	ction?		Yes [] No			
Par	Escrow and Custodial A IV, line 9, or reported an a					swer	ed "Yes" to Fo	rm 990), Part				
	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?												
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followir	ng table [.]	_	T						
						<u> </u>	A	mount					
С	Beginning balance					1c	 						
d	Additions during the year				•	<u>1d</u>	1						
е	Distributions during the year					1e							
f	Ending balance					1f							
b	2a Did the organization include an amount on Form 990, Part X, line 21?												
Par	t V Endowment Funds. Co		7		1								
		(a) Current year	(b) Prior	year	(c) Two years ba	ack	(d) Three years back	(e) Fo	our years	back			
1a	Beginning of year balance												
b	Contributions , , , , , , ,												
С	Net investment earnings, gains, and losses						<u>-</u>	ļ					
d	Grants or scholarships		<u> </u>					ļ					
е	Other expenditures for facilities and programs							ļ					
f g	Administrative expenses End of year balance												
2	Provide the estimated percentage o	f the year end ba	lance held	as:									
а	Board designated or quasi-endowm	•											
b	Permanent endowment ▶	%											
С	Term endowment ▶ %)											
3a	Are there endowment funds not in thorganization by	e possession of th	he organiza	ation tha	at are held and	admi	inistered for the		Yes	No			
	(i) unrelated organizations							3a(i)				
	(ii) related organizations							3a(i	i)	<u> </u>			
b	If "Yes" to 3a(II), are the related orga		as required	l on Sch	hedule R? .			3b		<u> </u>			
4	Describe in Part XIV the intended us												
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment	. See F	orm 990, Par	t X, I	ine 10.						
	Description of investment	(a) Cost or o (investm			st or other is (other)		ccumulated preciation	(d) B	ook valu	ię			
1a	Land							_					
	Buildings												
	Leasehold improvements												
	Equipment												
е	Other	.											
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X,	column	(B), line 10(c))		•			0			

Scheddle D (Form 990) 2009			r age O
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			·
SEE SCHEDULE D - STATEMENT 1			
(ATTACHMENT)			
	-	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	600,768		
Part VIII Investments—Program Related	J. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
		Cost of end-of-year ma	TREE VAIUE
	 . ,	<u> </u>	
	11.000		
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	<u> </u>	-
Part IX Other Assets. See Form 990, Part			(b) Book value
	(a) Description		(b) Book Value
	· · · · · · · · · · · · · · · · · · ·		
		···································	· -
	<u>.</u>		
Table (Caluma (b) much a mal Farm 2000, Port V and I	(D) top 15)		
Total. (Column (b) must equal Form 990, Part X, col (Part X) Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount	T	
Federal income taxes	(-/-		
		7	
		_	
	<u> </u>	_	
		\dashv	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		0	
ream (equation (e) most equal to an over, that A, cor (e) into 20)		~ I	

-	Page	4
- 1	raue	-

Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	aten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3_	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		r Return
1	Total revenue, gains, and other support per audited financial statements	1	-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities	4	
С	Recoveries of prior year grants	4	
d	Other (Describe in Part XIV.)	-	
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	-3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	\dashv	
b	Other (Describe in Fait XIV.)	40	
с 5	Add lines 4a and 4b	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements	1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	26	7	
c	20		
d]	
e		26	
3	Subtract line 2e from line 1	_3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b			_
С		40	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u>.l</u>
	rt XIV Supplemental Information		
Con	replete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai	nd 4,	Part IV, lines 1b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b; and Part XIIII, lines 2d and 4b; and Par	10 40	. Also complete
tnis	part to provide any additional information		
• • • • •		•••••	
		•••••	
		••••	
••••			

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
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		•••••
		• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public OMB No 1545-0047

ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 1832689 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 34 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (P) EIN Enter total number of other organizations City of Cleveland Cable Television ********************************** 1 (a) Name and address of organization or government See attached grant schedule Name of the organization Part II

Schedule I (Form 990) 2009

Cat No 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2		•						Ţ.	e	:		,			2009
Pag in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Althoral snace is peeded	' to Form 990, Part IV, line 22.	(f) Description of non-cash assistance				and any other additional information.	he Fund's	process. The reports are reviewe	We have found these forms sen	A closing evaluation is performed once the final report is complete.					Schedule I (Form 990) 2009
	nzation answered "Yes"	(e) Method of valuation (book, FMV, appraisal, other)					y related to the grant on t	nitoring and evaluation p	identified by this review.	on is performed once the					
	implete if the organ	(d) Amount of non-cash assistance				 ion required in Part	ss reports on activity	tegral part of our mo	questions or issues	. A closing evaluati					
		(c) Amount of cash grant				rovide the informat	reduled narrative and financial progre	ant reports are an in	irectors if there are	grantee organization					
		(b) Number of recipients				olete this part to p		nt award letter. Gr	ant award letter. G	p with the Fund's D	lation staff and the				
	Grants and Other Assistance to Individuals Use Part IV and Schedule I-1 (Form 990) if ad	(a) Type of grant or assistance				Supplemental Information. Complete this part to provide the information required in Part I, line 2,	The Fund requires grant recipients to submit scheduled narrative and financial progress reports on activity related to the grant on the Fund's	grant reporting forms, as scheduled in their grant award letter. Grant reports are an integral part of our monitoring and evaluation process. The reports are reviewed	by the Cleveland Foundation staff who follow-up with the Fund's Directors if there are questions or issues identified by this review. We have found these forms serve	as a valuable learning tool for Cleveland Foundation staff and the grantee organization.					
Schedule I (I	Part III					Part IV	The Fun	grant re	by the C	as a valı			1 1 1 1 1 1 1 6 6 9) 	

The City of Cleveland's Cable Television	Minority Arts and Education Fund
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Schedule 1 - Form 990

	1						
Name and address of organization or government	Ein	IRC Code	Amount of cash grant	Amount of Amount of Method of Non-cash cash grant non-cash valuation Description	Method of valuation	Non-cash Description	Amount of Amount of Method of Non-cash cash grant or assistance
The Village Television 3615 Superior Avenue Suite 4203 E Cleveland, OH 44114	20-0185889	501(c)(3)	100,000 00	n/a	n/a	n/a	General operating support
The Village Television 3615 Superior Avenue Suite 4203 E Cleveland, OH 44114	20-0185889	501(c)(3)	100,000 00	n/a	n/a	n/a	General operating support
		Report Total:	200,000.00				

9/16/2010 Page 1 of 1

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization 1832689 34 City of Cleveland Cable Television Part VI, Section A, Line 6: The City of Cleveland's Cable Television Minority Arts and Education Fund is an Ohio nonprofit corporation. As such, it has members who have the right under Ohio state law and the organizing instruments of the corporation to participate in its governance. Part VI, Line 7a: The City of Cleveland's Cable Television Minority Arts and Education Fund ("Minority Arts and Education Fund") has two classes of Members, Public Members and Donor Members, who appoint the organization's Board of Trustees. The Public Member of the Minority Arts and Education Fund is The Cleveland Foundation and the Donor Member is the City of Cleveland. As the Public Member, The Cleveland Foundation is entitled to appoint five (5) of the organizations nine (9) Trustees, which constitutes a majority of the total number of Trustees. The Donor Member is entitled to appoint four (4) Trustees or a minority of the organization's full number of Trustees. Part VI, Line 7b: Under the Ohio Nonprofit Corporation Law, Members have the ability to approve certain key actions undertaken by a nonprofit corporation including merger of the corporation, sale, transfer, or other disposition of substantially all the assets of the corporation, amendment of the corporation's Articles of Incorporation or Code of Regulations, and dissolution of the corporation, among others. The Code of Regulations of the Minority Arts and Education Fund provides that only those Members of the class which elected a Trustee may remove and replace that Trustee. The Members of the Minority Arts and Education Fund have no additional special rights of approval of the actions of the Board of Trustees. Part VI, Line 8b: The Minority Arts and Education Fund has no committees with authority to act on behalf of the Board.

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Page	2

Name of the organization	Employer identification number
City of Cleveland Cable Television	34 1832689
Part VI, Line 11A:	
Staff of The Cleveland Foundation prepares the Form 990. The Form 990 is reviewed	by an officer of The Cleveland
Foundation and one or more officers and trustees of Minority Arts and Education Fun	d.
Part VI, Lines 12a, 12b, 12c, 13, and 14:	
The Minority Arts and Education Fund is a supporting organization of The Cleveland F	oundation. Activities of The
Cleveland Foundation's supporting organizations are subject to policies for supporting	g organizations The Cleveland
Foundation has in effect from time to time to ensure its supporting organizations open	rate in a manner consistent with
governing tax exemption principles. Without limiting the generality of the foregoing,	supporting organizations are
required to follow each of the Conflict of Interest, Document Retention, and Whistleble	ower policies maintained by The
Cleveland Foundation, unless the Board of the supporting organization (which in all c	ases is controlled by The Cleveland
Foundation) adopts a functionally equivalent policy expressly in place of one of the fo	regoing policies. The Minority
Arts and Education Fund follows these policies of The Cleveland Foundation.	
Except in the limited case noted below, Trustees and Officers with a conflict of interes	st under the policy, must: (i) Disclose
their potential conflict of interest at the meeting; (ii) Present any relevant information	concerning the matter involving the
conflict, if requested; and (iii) Recuse themselves from the meeting for the discussion	and vote on the matter presenting
the conflict. In limited cases involving the approval of grant distributions where Trust	tees and Officers have certain limited
potential conflicts of interest with a proposed grant recipient, the Trustees or Officers	must: (i) Disclose their potential
conflict of interest at the meeting; and (ii) abstain from voting on the matter.	
Part VI, Lines 15a, 15b:	
The Minority Arts and Education Fund has no employees and does not compensate it	s Trustees and therefore does not
maintain a process for determining compensation.	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Inspection

Employer identification number

Name of the organization City of Cleveland Cable Television 1832689 34 Part VI, Lines 19: The Minority Arts and Education Fund is a supporting organization of The Cleveland Foundation. Per Generally Accepted Accounting Principles, The Cleveland Foundation financial statements are prepared and audited on a consolidated basis and include the supporting organizations. The supporting organizations are recognized in the footnotes disclosure in the statements. The Cleveland Foundation consolidated financial statements are available for review on the Foundation's website. The Minority Arts and Education Fund Form 990 is also available on the Foundation's website. Part VII, Line 1a, Columns (E) and (F): The Minority Arts and Education Fund is a supporting organization of The Cleveland Foundation. Consequently, some of its officers are employees of The Cleveland Foundation, compensated by The Cleveland Foundation. Part XI, Line 1: The Minority Arts and Education Fund uses a modified accrual method of accounting.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

See separate instructions.

2009	
7	d

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009 Employer identification number (f) Direct controlling (f) Direct controlling 1832689 ٨ entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it œ Public chanty status (if section 501(c)(3)) 8 (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (d) Total income Cat No 50135Y (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Ohio Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) grantmaking Community For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. The Cleveland Foundation, 1422 Euclid Ave., Ste. 1300 Cleveland, OH 44115 34-0714588 (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity City of Cleveland Cable Television Part II Part I

Schedule R (Form 990) 2009

(h) Percentage ownership Yes No managing partner? General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of
end-of-year assets Disproportionate allocations? ŝ Ξ Yes (f) Share of total income (g) Share of end-of-year ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ŝ (d)
i Direct controlling entity Primary activity Legal domicile (state or foreign country) છ Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	SS No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	arts II-IV?			-1
Document of (i) interset (ii) against (iii) revalues or (iv) reat		1a	>	
City and a sound postulation to other amountation(a)		-	>	1
		5		ı
c Gift, grant, or capital contribution from other organization(s)		2 ;	<u> </u>	1
d Loans or loan quarantees to or for other organization(s)		PL	>	- 1
		1e	<u>></u>	
				_
		7,		7
f Sale of assets to other organization(s)		=	>	1
a Purchase of assets from other organization(s)		19	>	
	•	4	>	ı
n Exchange of assets		;	-	ı
i Lease of facilities, equipment, or other assets to other organization(s)			<u> </u>	1-
				_
i I occor of familians aminimant or other accept from other organization(s)		F	<u> </u>	
Lease of lacilities, equipment, of other assets from other organization(s)		٤		ı
k Performance of services or membership or fundraising solicitations for other organization(s)		٤ ;	•	1
Performance of services or membership or fundraising solicitations by other organization(s)		=	>	- 1
m Charing of facilities animoment mailing lists or other assets		E	>	
Charles of admines, equipment, maining lists, or once assets		5	\	(
n Sharing of paid employees			•	1
				\neg
o Beimhirsement haid to other organization for expenses		<u> </u>	_	
		ç	>	1
p reimbursement paid by other organization for expenses				_
			1	\neg
a Other transfer of cash or property to other organization(s)	•	19	>	1
Cher transfer of cash or properly from other organization(s)		11	1	1
If the answer to any of the above is "Yes," see the instruc	ionships and transac	ction thres	sholds.	ı
1				ı
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	plyed	4
				1
(1)				- 1
(2)			ļ	- 1
(3)				- 1
(4)				1
(5)				1
(a)				1
	Schedule R (Form 990) 2009	R (Form 9	90) 2009	o

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(a)	(0)	٣	- ©	(e)	ε	\vdash	(6)	ε	=
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section	artners on	Share of end-of-year	Disproportonate aflocations?		UBI XXX 20	General or managing	ral or aging
		conunty)	organizations?	tions?	assets		л <u>с</u> .		part	
		:	Yes	ટ		Yes	No		Yes	ş
				<u></u> .						
				•			Sc	Schedule R (Form 990) 2009	n 990)	5000

CITY OF CLEVELAND CABLE TELEVISION 34-1832689 Form 990 Schedule D

Part VII - Investments - Other Securities

(a) Description of Security or Category	(b)	Book Value	(c) Method of valuation
Alternative Investments & Limited Partnership: *			
Och-Ziff	\$	73,149	End-of-year market value
Addison Clark		63,614	End-of-year market value
Marshall Wace		24,440	End-of-year market value
Level Global		50,299	End-of-year market value
TCW		23,979	End-of-year market value
Sowood		1,263	End-of-year market value
Wellington DIH		46,687	End-of-year market value
Convexity		86,849	End-of-year market value
Indus Structured Fund		10,546	End-of-year market value
Green Equity		5,989	End-of-year market value
Fortress Partners Offshore Fund LP		39,430	End-of-year market value
Fortress Credit Opportunities Fund		22,312	End-of-year market value
Highfields		27,070	End-of-year market value
Swiftcurrent		23,500	End-of-year market value
King Street Capital Ltd		37,824	End-of-year market value
Davidson Kempner		20,760	End-of-year market value
Nevsky Fund Limited		17,022	End-of-year market value
Valiant Capital Partners Offshore, Ltd.		9,110	End-of-year market value
Viking Global Equities III Ltd.		16,926	End-of-year market value
Total	s	600,768	

^{*} The investments are listed at end-of-year market value on Line 12 (Form 990, Part X, Col B)