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## Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

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

OMB No 1545 1150

2011

Open to Public Inspection

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Applications pending   Claveland   Clave	Н		City or town, state or country, and ZIP + 4		<u> </u>			
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Tax-exempt status (ok only onn)	G							
Check   E.g.   if the organization is not a section 509(a) Supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form \$90.EZ or Form \$90 return is not required though Form \$90.N (e-postcard) may be required (see instructions) But if the organization chooses to like a return, be sure to life a complete return to the complete return and the sure of th	1		000.000					
normally not more than \$50,000 A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (5) below) are \$500,000 or more, the Form 990 instead of Form 990-E2.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I.  Check if the organization used Schedule O to respond to any question in this Part I.  1 Centributions, gifts, grants, and smiler amounts received.  2 Program service revenue including government fees and contracts.  3 Membership dues and assessments.  4 Investment income.  5 a Gross amount from sale of assets other than inventory.  5 b Less cost or other basis and sales expenses.  5 c Garn or (loss) from sale of assets other than inventory.  5 c Garning and fundraising events.  6 a Garning and fundraising events.  6 d Net Spanned Markey Medical Centrification of the following stream of such gross income from gaming (attach Schedule G if the sum of such gross income from gaming appreturns and allowances.  6 d Net Spanned Markey Medical Centrification of the sum of such gross income from gaming appreturns and allowances.  7 a Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (Response Markey Medical Centrification of the sum of such gross income from gaming and allowances.  5 c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (Response in Allowances.)  10 Grants and similar armounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy,			tempt status (ck only one) $         -$					
Instructions) But if the organization chooses to file a return, be sure to file a complete return  Add lines 5b, 6c, and 7b, 1b fine 9b to determine gross recepts if gross recepts are \$250,000 or more, or if total assets (Part II, line 25, column (3) below) are \$500,000 or more, file Form 990 instead of Form 990.EZ  Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5 Less cost or other basis and sales expenses  5 Can or (loss) from sale of assets other than inventory  5 Less cost or other basis and sales expenses  6 Garming and fundraining events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  6 Gross income from gaming (attach Schedule G if greater than \$15,000)  7 Gross income from tundraining events (not including \$\frac{1}{2}\$ free Evenses from gaming and tundraining events  6 Less office texpenses from gaming and events  7 Less office texpenses from gaming gaming and events  6 Less office texpenses from gaming gaming and events  6 Less office texpenses from gaming gaming and events  7 Less office texpenses from gaming gaming and events  8 Other revenue (describe in Schedule O)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 18, 320.  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Printing, publications, po	K							
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Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)	L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota s (Part II, line 25, column (R) below) are \$500,000 or more, file Form 990 instead of Form 990.F7.	<sup>1</sup> ► \$	18.320.			
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7a Gross sales of inventory, lespreturns and allowances b Less cost profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Under changes in net assets or fund balances (explain in Schedule O) 20 Under changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20	2	a	6b and subtract line 6c)	6 d				
b Less cost of goods field composition of compositi		7 2			<del></del>			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (explain in Schedule O)  20 The assets or fund balances at end of year Combine lines 18 through 20  21 Net assets or fund balances at end of year Combine lines 18 through 20		ا ا	Loss cost of Control of the Control	-				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 25,234.  20 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year Combine lines 18 through 20  21 43,554.	2	٦		─  ~ <b>,</b> ,				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 25,234.  20 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year Combine lines 18 through 20  21 43,554.	₹	ا ا		— — — — — — — — — — — — — — — — — — —	<del></del> -			
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at end of year Combine lines 18 through 20  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12	-	`	·	<del> </del>	10 200			
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.		<del></del> -		+ -	18,320.			
Salaries, other compensation, and employee benefits  12		· ·		<b>—</b>				
Professional fees and other payments to independent contractors  13  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 43,554.	_	11	•	$\rightarrow$				
S 13 Finding, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18,320.  Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.	X	12			<del> </del>			
S 13 Finding, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18,320.  Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.	P E	13	Professional fees and other payments to independent contractors	13				
S 13 Finding, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18,320.  Not assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.	Ñ	14	Occupancy, rent, utilities, and maintenance	14				
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 18,320.  19 25,234.  20 21 43,554.	Ĕ	15	Printing, publications, postage, and shipping	15				
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 18,320.  19 25,234.  20 21 43,554.	3	16	Other expenses (describe in Schedule O)	16				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 25,234.  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  23 43,554.		17		▶ 17				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 25,234.  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  23 43,554.		18		18	18,320.			
s 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.	Δ							
s 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.	ที่รู้	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	25.234			
s 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,554.	ŦĔ	20						
<del></del>	Ś			<del></del>	43 554			
	<u> </u>			, - ' )				

	1990-EZ(2011) The Gail Bash F				20-	-122	28427 Page 2
Par	t II Balance Sheets. (see the ins		stion in this Bort II				
	Check if the organization used Sche-	dule O to respond to any que	Stion in this Part II	(A) Beginning of	VAS	ır T	(B) End of year
22	Cash, savings, and investments			25,2			43,554.
23	Land and buildings			25/2	0	_	0.
24	Other assets (describe in Schedule O)	. 24	0.				
25	Total assets		43,554.				
26	Total liabilities (describe in Schedule O)	34		0.			
27	Net assets or fund balances (line 27 of c	. 27	43,554.				
	t III   Statement of Program Serv						Expenses
	Check if the organization used Sch	nedule O to respond to any qu	estion in this Part II	<u> </u>			uired for section
What	is the organization's primary exempt purpose? Ov	arian cancer resea	arch and supp	port			c)(3) and 501(c)(4) nizations and section
Desc meas bene	is the organization's primary exempt purpose? Overibe the organization's program service acsured by expenses. In a clear and concise fited, and other relevant information for each	ccomplishments for each of its manner, describe the service ach program title	s three largest progress provided, the num	am services, as iber of persons		4947	(a)(1) trusts, optional thers)
28	The foundation will be in	nvolved with ovari	an cancer				
	research, education and	various other acti	vities that				
	support those individuals	who are diagnose	d with the d	isease.			
	(Grants \$ 0.) If th	is amount includes foreign gr	ants, check here	<u> </u>	Щ	28 a	0.
29							
					_		
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<u> </u>	Щ	29 a	
30							
					_		
		is amount includes foreign gr	ants, check here		Щ	30 a	
31	Other program services (describe in Scho	-			ᅴ		
		is amount includes foreign gr	ants, check here	<u> </u>	Щ	31 a	
	Total program service expenses (add lin		1.		•	32	0.
Par					ted (	(see th	e instructions for Part IV
	Check if the organization used Sch	(b) Title and average	(c) Reportable compensa		nofiti		(2) 521
	(a) Name and address	` hours per week	(Form W-2/1099 MISC	contributions to	empl	oyee	(e) Estimated amount of other compensation
	• •	devoted to position	(If not paid, enter -0-	·   Delient plans			
200	Attached			deferred comp	<u>ensai</u>	non	
756	Accached						
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BAA		TEEA0812 (	2/14/12				Form 990-EZ (2011)

Га	the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
I	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		
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_
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		x
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		x
1	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b			
39	Section 501(c)(7) organizations Enter			
;	Initiation fees and capital contributions included on line 9			
1	Gross receipts, included on line 9, for public use of club facilities 39b	]		
40 :	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►			
I	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u>x</u>
(	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		x
	Shelter transaction? If Tes, complete Form 6000-1			
	List the states with which a copy of this return is filed <b>Ohio</b>			
42 ;			- 758 Yes	
41 42 a	List the states with which a copy of this return is filed  Ohio  The organization's books are in care of  Brian Bash Located at  1900 East 9th St., Suite 3200 Cleveland, OH ZIP + 4  44114  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)?	861		1 No
42:	The organization's books are in care of   Brian Bash  Located at   1900 East 9th St., Suite 3200 Cleveland, OH ZIP + 4   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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S ?	861 42b		No X
41 42 6	The organization's books are in care of Parian Bash Telephone no (216) Located at 1900 East 9th St., Suite 3200 Cleveland, OH ZIP+4 4114 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here	861 42b	Yes	No X
41 42 6	The organization's books are in care of   Brian Bash  Located at  1900 East 9th St., Suite 3200 Cleveland,  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  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  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.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	861 42b 42c	Yes	No X
41 42 6	The organization's books are in care of   Brian Bash  Telephone no  (216)  Located at  1900 East 9th St., Suite 3200 Cleveland, OH ZIP+4  44114  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	861 42b 42c	Yes	No X
41 42 43 44 44 44 44 44 44 44 44 44 44 44 44	In the organization's books are in care of   Brian Bash  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	861 42b 42c	Yes	No x
41 42 6 43 44 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	List the states with which a copy of this return is filed  Ohio  The organization's books are in care of  Brian Bash Located at  1900 East 9th St., Suite 3200 Cleveland, OH ZIP+4  44114  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)?  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.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Light the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	861 42b 42c 42c	Yes	No x
41 42 43 44 45 45 45 45	In the organization's books are in care of ▶ Brian Bash	42b 42c 42c 44a 44b 44c 44d	Yes	No x  No x  No x

Form <b>990-E</b>	<b>Z</b> (2011) <b>The</b>	Gail Bash Found	lation			2	<u>0-12284</u>	<u> 27 </u>	<u>Р</u>	<sup>2</sup> age 4
	•								Yes	No
46 Did th	ne organization	engage, directly or indirect office? If 'Yes,' complete	tly, in political campaig	n activities o	on behalf of	or in opposition	to	46		х
Part VI		1(c)(3) organizations		(a)(1) non	exempt c	haritable tru	sts only.		ction	<u> </u>
<u></u>	501(c)(3) o	organizations and sec	tion 4947(a)(1) noi	nexempt o	charitable	trusts must a	answer qı	uestion	าร	
	47-49b and	d 52, and complete th	e tables for lines 5	50 and 51.	•					
	Check if the o	rganization used Schedule	O to respond to any q	uestion in th	ıs Part VI					卫
									Yes	No
47 Did th	ne organization Hete Schedule C	engage in lobbying activiti 2. Part II	es or have a section 50	11(h) election	n in effect di	uring the tax yea	r <sup>7</sup> If 'Yes,'	47		x
•		school as described in sec	ction 170(b)(1)(A)(ii)? I	f 'Yes,' comp	olete Schedu	ule E		48		х
49 a Did th	ne organization	make any transfers to an	exempt non-charitable i	elated organ	nization?			49 a		Х
<b>b</b> If 'Yes	s,' was the relat	ted organization a section	527 organization?					49 b		
50 Comp	olete this table f	or the organization's five h	ighest compensated er	nployees (ot	her than offi	cers, directors,	rustees and	d key		
empio	byees) who eac	n received more than \$100				,			<del></del>	<del></del>
(	(a) Name and addres paid more th	ss of each employee an \$100,000	(b) Title and average hours per week devoted to position	(Forms W 2	compensation /1099-MISC)	(d) Health bene contributions to er benefit plans, deferred compen	nployee and	e) Estimate other com		
None		· · · · · · · · · · · · · · · · · · ·		•						
	<del></del>									
				-		<u> </u>				
				-						
e Total	number of othe	r employees paid over \$10	00,000			<u> </u>				
<b>51</b> Comp	olete this table f	or the organization's five h	ighest compensated in	dependent c	ontractors w	ho each receive	d more thai	n \$100,0	000 of	
		he organization If there is			/b) T			(a) Cami		<del></del>
(a) IV	lame and address of	each independent contractor paid	more than \$100,000		( <b>b)</b> Type (	of service		(c) Comp	Jensalio	<del></del>
None		- <b></b>								
·										
			<u>-</u>		<del></del>					
		r independent contractors	•				▶			
52 Did th	ne organization table trusts mus	complete Schedule A? <b>No</b>	<b>te:</b> All section 501(c)(3)	) organizatio	ons and 4947	7(a)(1) nonexem	pt ▶	X Yes	. Г	No
		e that I have examined the return, attorior preparer (other than office		jules and staten	nents, and to the	e best of my knowled				
true, correct, a	and complete Declar	ation of preparer (other than office	is based on all information of	if which prepare	r nas any knowi	edge	14/1-			
Sian	Signature of of	fficer	$\overline{}$			Date				
Sign Here	Brian I	Bash				President	Truste	е		
	Type or print n				, <del> μ</del>					
	Print/Type prepare	r's name	Preparer's signature		Date	Check	ıf PTIN			
Paid	Kevin G.	Robertson	Ja		05/09/1	L2 self empl	oyed P01	47908	5	
Preparer	Firm's name ►	BAKER & HOSTETL								
Use Only	Firm's address	1900 EAST 9TH S	TREET STE. 320			Firm's Ell		-0082		
Man 15 15 15 15 15 15 15 15 15 15 15 15 15	C alia a i i e = 41= :	CLEVELAND		OH	44114	Phone no	(216)	621- X Yes		
viay the IRS	o aiscuss this re	eturn with the preparer sho	own above? See instruc	HOUS			F	orm 99		No (2011)
								J J.	'	()

#### 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.

2011

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2011

Name	of the	organization							Employe	r identifica	tion number		_
	The Gail Bash Foundation   20-1228427 Part I   Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
Par									See ı	nstruct	ions.		_
The c	rga	•		it is (For lines 1 through	-		-	-					
1				iation of churches descr		section	170(b)(1	)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3		A hospital or a cooperative hospital service organization described in section 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).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described												
7	X	in section 170(b)(1)(A	אוניה). (Complete Pari	ubstantiai part of its sup t II )	port froi	n a gov	ernmeni	ai unit c	or irom t	ne gene	rai public des	cribea	
8				0(b)(1)(A)(vi). (Complete	e Part II	)							
9	$\sqcap$	•		more than 33-1/3% of		•	contribu	utions, m	nembers	ship fees	. and gross re	eceipts	
	ليا	from activities related investment income ar	I to its exempt function	ns – subject to certain taxable income (less s	exceptio	ns, and	(2) no r	nore tha	ın 33-1/3	3% of its	support from	n gross	
10				clusively to test for pub	olic safet	v See s	ection 5	509(a)(4)	).				
11	П	An organization organ	nized and operated ex	clusively for the benefit	t of, to p	- erform t	he funct	ions of.	or carry	out the	purposes of o	one or	
		more publicly support	ted organizations desc	cribed in section 509(a) on and complete lines 1	<ol> <li>or se</li> </ol>	ection 50	9(a)(2)	See se	ction 50	)9(a)(3).	Check the bo	ox that	
	_	a Type I	<b>b</b> Type II	c 💹 Type III		•	•			d 📙	Type III – C	Other	
е		By checking this box, other than foundation section 509(a)(2)	I certify that the orga managers and other	nization is not controlle than one or more public	d directl	y or indi orted org	rectly by ganization	y one or ons desc	more d cribed in	isqualifie section	ed persons 509(a)(1) or		
f		If the organization red check this box	ceived a written deterr	mination from the IRS th	hat is a	Type I, 1	ype II o	r Type I	ll suppo	orting org	janization,		]
g		Since August 17, 200	6, has the organizatio	on accepted any gift or	contribu	tion fror	n any of	the follo	owing p	ersons?	Г	res No	_
		(i) A person who d	rectly or indirectly co	ntrols, either alone or to	oaether v	with pers	sons des	scribed i	ın (ıı) ar	nd (III)	<u> </u>	ES 140	<u>'</u>
		below, the gove	rning body of the sup	ported organization?	- 3				.,.	,	11 g (ı)		
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		_
		(iii) A 35% controlle	ed entity of a person d	escribed in (i) or (ii) ab	ove?						11 g (III)		_
h		Provide the following	information about the	supported organization	1(s)								
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i your go	s the lation in l) listed in overning ment?	the organ	ou notify eization in n (i) of upport?	organiz	Is the ration in min (i) ed in the S ?	(vii) Amount o	of support	
		· · · · · · · · · · · · · · · · · · ·	i		Yes	No	Yes	No	Yes	No			_
(A)													
<u>\^)</u>		-										<del></del>	
<u>(B)</u>												<del></del>	
(C)									· · · · · · · · · · · · · · · · · · ·				
(D)							-					<del></del>	
<u>(E)</u>			<del> </del>										
Total													

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support						
	ndar year (or fiscal year nning ɪn) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	3,715.	3,900.	15,840.	846.	18,253.	42,554.
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	3,715.	3,900.	15,840.	846.	18,253.	42,554.
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)						18,091.
6	Public support. Subtract line 5 from line 4						24,463.
Sec	tion B. Total Support	<u> </u>	L				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4	3,715.	3,900.	15,840.	846.	18,253.	42,554.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				38.	67.	105.
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						42,659.
12	Gross receipts from related activi	ties, etc (see instr	ructions)			12	
	First five years. If the Form 990 i organization, check this box and	stop here	<del></del>	, third, fourth, or f	fifth tax year as a	section 501(c)(3)	<b>▶</b> □
Sec	tion C. Computation of Pul					<del></del> -	T
14	Public support percentage for 20	•	• •	11, column (f))		14	57.35%
15	Public support percentage from 2	2010 Schedule A, F	Part II, line 14			15	61.06%
16 a	33-1/3% support test — 2011. If the and stop here. The organization of				the line 14 is 33-1	/3% or more, ch	eck this box
t	33-1/3% support test – 2010. If the and stop here. The organization of				, and line 15 is 33	-1/3% or more, c	heck this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	meets the 'facts-an	nd-circumstances'	test, check this be	ox and stop here.	Explain in Part I'	√ how
	or more, and if the organization reganization meets the 'facts-and	meets the 'facts-an I-circumstances' te	nd-circumstances' est The organizati	test, check this bo on qualifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part I' organization	V how the ▶
18 BAA	Private foundation. If the organiz	tation did not chec	к a box on line 13	i, 16a, 16b, 17a, c			ructions

Page 3

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support		<del></del>	<u></u>		<del></del>	
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(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						
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del>                                     </del>		
Calen	dar year (or fiscal yr beginning in) >	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6					- <u> </u>	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			-			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organizat	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>▶</b> □
Sec	tion C. Computation of Pu		ercentage				
15				e 13, column (f))		15	%
16			• • •			16	%
	tion D. Computation of Inv			е			
17	Investment income percentage for				mn (f))	17	%
18	Investment income percentage fr	om 2010 Schedule	A, Part III, line	17		18	%
	33-1/3% support tests - 2011. If is not more than 33-1/3%, check	the organization of this box and stop	lid not check the here. The organi	box on line 14, ar zation qualifies as	s a publicly suppor	ted organization	▶ 📙
t	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%						1/3%, and zation
20	Private foundation. If the organiz	ation did not chec					P
BAA			TEEA0403	05/25/11	So	chedule A (Form 9	90 or 990-EZ) 2011

Schedule .	A (Form	990 or 99	90-EZ) 2	011	The	Gail	Bash	Found	dation	<b>L</b>		20-122	8427	Page 4
Part IV	Supp Part I (See	lement I, line 1 instruct	al Info 7a or tions).	rmatio 17b; a	on. Cand F	omplet art III,	e this line 1:	part to 2. Also	provide comple	e the explana ete this part t	ations red for any a	quired by dditional	28427 Part II, line 1 information	0;
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The Gail Bash Foundation c/o C J D'Ambrosia, CPA 3200 PNC Center 1900 East 9<sup>th</sup> Street Cleveland, Ohio 44114-3485 EIN: 20-1228427

#### Response to Part IV:

The names and addresses of the Directors/Trustees and Officers of The Gail Bash Foundation are as follows:

Brian A. Bash (Trustee and President) c/o 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Jason Bash (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Bryan Zabell (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Parker Zabell (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Sarah Bash (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Rachel Bash (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485 Rebecca Bash (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Amanda Bash (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

Corinne Bash (Trustee) c/o Brian A. Bash 1900 East 9<sup>th</sup> Street, Suite 3200 Cleveland, Ohio 44114-3485

**Please note:** Officers and Directors/Trustees receive no annual compensation.