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## Form **99**(

SCANNED JAN 0 1 2014

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 2012

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning	and	ending				
B c	heck if pplicable	C Name of organization			D Employer identifi	cation number		
Г	Addres	THE SEMI J. & RUTH W. BEGUN FOUNDAT	ION					
	Name change	Doing Business As	· · · · · · · · · · · · · · · · · · ·		34-159	4565		
$\vdash$	]nitial return	Number and street (or P.O. box if mail is not delive	red to street address)	Room/suit	le E Telephone numbe	r		
	Termin-	25701 SCIENCE PARK DRIVE	,			3-2900		
	Amend	City, town, or post office, state, and ZIP code			G Gross receipts \$	387,870.		
$\Box$	Applica				H(a) Is this a group r	eturn		
	pending		REIS		for affiliates?	Yes X No		
		25701 SCIENCE PARK DR., CLEVELAND, O			H(b) Are all affiliates inc			
$\overline{}$	24.040		(insert no.) 4947(a)(1)	or 52	<b>—</b>   ' ' '	list. (see instructions)		
		NONE ,	<u> </u>		H(c) Group exemption	,		
			ciation Other	L Yea		VI State of legal domicile: OH		
		Summary				•		
		Bnefly describe the organization's mission or most si	onificant activities: TO CAR	RY OUT	THE CHARITABLE AND			
Activities & Governance		EDUCATIONAL PURPOSES OF THE JEWISH FEDE		IN				
па		Check this box  if the organization disconti		sed of mo	ore than 25% of its net a	ssets		
Ş.		Number of voting members of the governing body (P			3	7		
<b>ଓ</b>	i	Number of independent voting members of the gove			' 4	6		
•ರ ഗ		Total number of individuals employed in calendar year	- · ·		5	0		
iţie		Total number of volunteers (estimate if necessary)			6	0		
휹	1	Fotal unrelated business revenue from Part VIII, colu	mn (C) line 12		7a	0.		
ĕ		Net unrelated business taxable income from Form 9			7b	0.		
	<u> </u>	Tot di li ciato a Bacilloso tanasio il como il como			Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			300,000.	350,000.		
Revenue	1	Program service revenue (Part VIII, line 2g)			0.	0.		
Ş.	1	nvestment income (Part VIII, column (A), lines 3, 4, a	ind 7d)		14,001.	30,707.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0.	0.		
		Total revenue - add lines 8 through 11 (must equal P		-	314,001.	380,707.		
		Grants and similar amounts paid (Part IX, column (A)			155,821.	162,282.		
		Benefits paid to or for members. (Part IX, column (A),		0.	0.			
<sub>1</sub>			ialanes, other sompensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses		Professional fundraising fees (Part IX, column (A), lin			0.	0.		
per		Total fundraising expenses (Partux, column (D), line		٥. ٦				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,	1f-24e)		12,835.	14,402.		
		Total expenses: Add-lines=13:17 (must-equal Part IX		ſ	168,656,	176,684.		
	19	Revenue less expenses Subtract line 18 from line 1	2		145,345.	204,023.		
56	1				Beginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		Γ	2,708,630	3,168,351.		
SE SE	21	Total liabilities (Part X, line 26)	•	. [	90,217	90,218.		
E SE	22	Net assets or fund balances. Subtract line 21 from li	ne 20	Ī	2,618,413	3,078,133.		
P	art II	Signature Block						
Und	der pena	Ities of perjury, I declare that I have examined this return, in	cluding accompanying schedul	es and stat	ements, and to the best of n	ny knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich prepa	rer has any knowledge.			
		The Francisco			11/9	113		
Sig	ın	Signature of officer			Date			
He		BARRY REIS, TREASURER						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Pai	d	·			ıf self-emplo	yed		
Pre	parer	Firm's name			Firm's EIN ▶			
Use	Only	Firm's address						
					Phone no.	· · · - <del></del>		
Ma	y the II	RS discuss this return with the preparer shown above	e? (see instructions)			Yes No		

6/6

Form 990 (2012)

	990 (2012) THE SEMI J. & RUTH W. B		34-15945	Page 2
Pai	t III Statement of Program Service Accom	plishments		
	Check if Schedule O contains a response to any qu	estion in this Part III		
1	Briefly describe the organization's mission:			
	FURTHER THE CHARITABLE, EDUCATIONAL AND REI	IGIOUS PURPOSES OF THE	HE	
	JEWISH FEDERATION OF CLEVELAND.			
		<del></del>	<del></del>	
				· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program se	ervices dunng the year whicl	h were not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significal	ot changes in how it conduc	te any program services?	Yes X No
3		it changes in now it conduc	is, any program services r	142 IAO
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishing	nents for each of its three la	rgest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of gra	ints and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.			
4a		including grants of \$	162,282. ) (Revenue \$	
76	GRANTS TO 501(C)(3) ORGANIZATIONS MADE TO 8			/
			··	
	EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEV	VISH FEDERATION OF CLI	EARTWD	
		<del></del>		<del></del>
	<del></del>			
		<del></del>	<del></del>	<del></del>
		<del></del>		<del></del>
				<del></del>
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
	***			
			·	
				<del></del>
			<del></del>	
			<del></del>	<del></del>
		<del></del>	<del></del>	<del></del>
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
	/ (axpanass v		, (13757135 4	
				<del></del>
				<del></del>
			· · · · · · · · · · · · · · · · · · ·	
				<del></del>
				<del></del>
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$including grants of \$		) (Revenue \$	)
4e	Total program service expenses ▶	162,282.		
<del></del> -				Form 990 (2012)

Part IV Checklist of Required Schedules

			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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_	├─-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<b>—</b>	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	İ	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	·	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		1	
	as applicable.		l	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,	ı	1	
	Part VI	11a	ļ	X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×	<del> </del>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
	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	11c	<b>-</b>	<del>  "</del>
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ıı)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	l	l
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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, Parts II and IV	4-		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	<del> </del>	<del>  ^-</del> -
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	۳.	<del>                                     </del>	<del></del> -
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>''</del>	<b>†</b>	
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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	<u></u>	x_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

### Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		169	140
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		х
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 employees? If "Yes," complete			[
	Schedule J	23	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ŀ
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			"
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
D	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Ì
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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	ļ	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ĺ	i
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b></b>	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<del> </del>	<del></del>
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	<u> </u>	
	Schedule N, Part II	32	}	х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	]		
	Part V, line 1	34	х	ļ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Ì		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
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	<del> </del>	X
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>"</del>	<del>                                     </del>	<del> </del>
56	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2012)
				/

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Form 990 (2012)

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part v				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 0		- /	•
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	l	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ng			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_[	- 1		
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	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		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for 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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	ļ	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		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 as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ļ			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		ļ		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		_		x
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e 7f		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			N/A	_
g			7g 7h	N/A	
h			<del>'''</del>	247.43	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		8		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during to	uio yeai :	<del>                                     </del>		$\vdash$
9	Sponsoring organizations maintaining donor advised funds.	N/A	9a		
a		N/A	9b		<b></b>
	Did the organization make a distribution to a donor, donor advisor, or related person?	***	<del></del> -		_
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a				
_	initiation rees and capital contributions modeled on a contribution of old forgitting		1		
b 11	Section 501(c)(12) organizations. Enter:		1	İ	1
11	N/A 11a		,		
a h	Gross income from members of shareholders are an experienced to other powers against	<u></u>	1		
b	amounts due or received from them.)		ļ	ī	
12a	amounts due of received from the state of th		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		ļ
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the		1		
	organization is licensed to issue qualified health plans		<u> </u>	1	
c	13c		<u>L</u>	<u>L</u>	<u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			Forn	9 <b>90</b>	(2012)

232005 12-10-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					LX						
<u>Sec</u>	tion A. Governing Body and Management											
			1 _		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1-	100							
	If there are material differences in voting rights among members of the governing body, or if the governing					ļ						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					İ						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		4		1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			l						
_	officer, director, trustee, or key employee?			2	Х	L						
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 9		is filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5 6	х	Х						
6	• • • • • • • • • • • • • • • • • • • •											
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?											
b												
	persons other than the governing body?											
8												
	The governing body?			8a	X							
				8b	Х	ļ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the	_		۱.,						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0 - (- )	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		<del></del>	<b>-</b>						
40-	D. I II a consection to the second se			40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	L A		10a	<del> </del>	<u> </u>						
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	napter	s, amiliates,	10b								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	lu bofo	ura filma tha farm?	11a	х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly beic	ne imily the forms	11a	<del>-</del>	<del>-</del>						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x							
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	x							
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120								
C	in Schedule O how this was done	CO, <b>C</b>	0001100	12c	x							
13	Did the organization have a written whistleblower policy?			13	x							
14	Did the organization have a written document retention and destruction policy?			14	х							
15	Did the process for determining compensation of the following persons include a review and approve	al hv ıı	ndependent	<del>                                     </del>								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		raoportaont									
а	The organization's CEO, Executive Director, or top management official			15a		х						
	Other officers or key employees of the organization			15b		х						
-	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 arrange	ment v	vith a		,							
	taxable entity during the year?			16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its i	participation	,-	1.0							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					``						
	exempt status with respect to such arrangements?			16b	<u>.                                    </u>							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶OH											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain in Schedule O)											
19												
	statements available to the public during the tax year.											
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd red	ords of the organiza	ation.	<b>-</b>							
	BARRY REIS - 216-593-2900											
23200	25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302											

#### Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 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.
- 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, if any. 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)			(C) Position					(D)	(E)	(F)
Name and Title	Average hours per	(do box	not c , unle	heck ss pe	more rson	than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below	tee or director	nstrtutional trustee	Officer	recto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RUTH WELTMANN BEGUN	line) 0.30	Ĕ	Ĕ	₹	<u> </u>	± 5	욘			
TRUSTEE	0.30	x	ĺ	ĺ	İ	[		0.	0.	. 0
(2) DR ALLAN STEINHARDT	0.30	<del>  -</del>	H	├─		┢	-	<del>                                     </del>		<u> </u>
TRUSTEE/PRESIDENT/VICE PRE	<b></b>	x		x	ļ			0.	0.	О
(3) ALAN D GROSS	0,30	<del>                                     </del>	$\vdash$	-	-	<del>                                     </del>	$\vdash$	† ·		
TRUSTEB	40.00	x						0.	163,769.	10,071
(4) J DAVID HELLER	0.30	$\Box$	$\Box$	<b> </b>		$\Box$	<u> </u>	†		<u> </u>
TRUSTEE	<u> </u>	x						0.	0.	o
(5) SALLY H WERTHEIM	0.30	T								
TRUSTEE		x		1	1			0.	0.	c
(6) PETER BALDI	0.30				П					
TRUSTEE		] x _					<u> </u>	0.	0.	0
(7) MARCIA J WEXBERG	0.30					-				
TRUSTEE		Х	_	_	L	L		0.	0.	0
(8) HEDY P MILGROM	0.30				1		Ì			
SECRETARY	40.00		<u>L</u>	х	_	<u> </u>	_	0.	162,497.	13,232
(9) BARRY REIS	0,30		]				]			
TREASURER	40.00	$\vdash$	ļ	х	_	<u> </u>	ļ_	0.	250,764.	34,907
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232007 12-10-12

Form 990 (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	s (continued)				
(A)	(B)			2)			(D)	(E)	1		(F)		
Name and title	Average	Position (do not check more than on					one	Reportable	Reportable		Est	timate	bd
•	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensatio		-	ount	of
	week	$\vdash$	cer an	OBO	recto	#/trus	(00)	from	from related			other	
•	(list any hours for	recto			ŀ			the	organizations			oensa	
	related	5	8			sated		organization	(W-2/1099-MIS	<sup>)()</sup>		om the anizati	
	organizations	ustee	Tage 1		<sub>2</sub>	ē	l	(W-2/1099-MISC)		1	_		
	below	fual to	to de	. :	ള	is st					and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Боллет						
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						l				1			
			L		<u> </u>	<u> </u>	<u> </u>						
1b Sub-total								0.	577,	030.		58	,210.
c Total from continuation sheets to Part V	II, Section A							0.		0,			0.
d Total (add lines 1b and 1c)								0.	577,	030.		58	210.
2 Total number of individuals (including but	not limited to ti	hose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization													0
· · · · · · · · · · · · · · · · · · ·												Yes	No
3 Did the organization list any former office	r, director, or tr	uste	e, ke	ey e	mple	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for				•	·	-					3		х
4 For any individual listed on line 1a, is the s			ome	ens	atio	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15											4	x	
5 Did any person listed on line 1a receive or									idual for services	3		-	
rendered to the organization? If "Yes," cor											5		х
Section B. Independent Contractors	1,010 001.000				<i>p</i> 0.			<del></del>				-	
Complete this table for your five highest complete the table for your fiv	ompensated in	den	end	ent 4	cont	tract	ors i	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation fo										٠,٠٠٠			
(A)	tilo calondar	your	0.10	9	******	<u> </u>		(B)	, ou		(0	2)	
Name and busines	s address	NO	ONE					Description of	services	C	ompe		วก
				-				<u> </u>					
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	·····												
									İ	Ì			
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									<del>-</del>	<b> </b>			-
2 Total number of independent contractors		not	limite	ed to	o the		iste	d above) who received i	more than				
\$100,000 of compensation from the organ	nization >				_	0				<u> </u>		00-	
· ————											Form	990	(2012)

232008 12-10-12

THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-1594565 Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 Unrelated Related or Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 350,000 similar amounts not included above g Noncash contributions Included in lines 1a-1f \$ 350,000 Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 29,869 29,869 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real\_ 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of 8,001 assets other than inventory b Less: cost or other basis 7,163 and sales expenses 838 c Gain or (loss) 838. 838 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18

b Less: direct expenses
c Net income or (loss) from fundraising events
9 a Gross income from gaming activities. See
Part IV, line 19
b Less: direct expenses
c Net income or (loss) from gaming activities
10 a Gross sales of inventory, less returns
and allowances
b Less: cost of goods sold
c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Business Code

0

e Total. Add lines 11a-11d
12 Total revenue. See instructions.
232009
12-10-12

d All other revenue

11 a

Form 990 (2012)

30,707.

380,707.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respon		is Part IX		
	ot 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	( <b>D</b> ) Fundraising expenses
	Grants and other assistance to governments and				,
	organizations in the United States. See Part IV, line 21	162,282.	162,282.	Said to the said that had	· ·
2	Grants and other assistance to individuals in				,
	the United States. See Part IV, line 22				4
3	Grants and other assistance to governments,	-			
	organizations, and individuals outside the			1 4 4 7 7 7 1 1 1 1 1 1	
	United States. See Part IV, lines 15 and 16			1	
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 accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		·		
а	Management .				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			<u> </u>	
	column (A) amount, list line 11g expenses on Sch O.)				
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			ļ	
19	Conferences, conventions, and meetings				
20	Interest			<del> </del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses, Itemize expenses not covered			_ `_ `	
24	above. (List miscellaneous expenses in line 24e. If line	* * * * * * * * * * * * * * * * * * *	,	V	•
	24e amount exceeds 10% of line 25, column (A)	*	,		
_	amount, list line 24e expenses on Schedule 0.) INVEST & ADMIN FEES - F	14,202.	<del> </del>	14,202.	
a	PILING FEES	200.	<del></del>	200.	
ь	12210 1220			1	
G					
d	All other expenses	<u> </u>		<u> </u>	
	Total functional expenses. Add lines 1 through 24e	176,684.	162,282	. 14,402.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization		1	†	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ		
	Check here If following SOP 98-2 (ASC 958-720)				

232010 12-10-12

Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 2,708,630 3,168,351. 12 Investments - other securties. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,708,630, 3,168,351. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 90,217. 90,218. 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 90 218. 90,217 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,618,413 3,078,133. 27 Unrestricted net assets 28 Temporanly restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ८ and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,078,133. 2,618,413. 33 Total net assets or fund balances 33 3,168,351, 2,708,630. Total liabilities and net assets/fund balances

Form 990 (2012)

Form !	990 (2012) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565		Pag	ge <b>12</b>			
	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	<del> </del>						
	Total revenue (must equal Part VIII, column (A), line 12)	1		380	707.			
	Total expenses (must equal Part IX, column (A), line 25)	2			684			
	Revenue less expenses. Subtract line 2 from line 1	3			023.			
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,618,	413.			
	Not assets of fairle behalfood at beginning of your (most equal to 17), mile equal to 17),							
	Donated services and use of facilities .	6						
•	Investment expenses	7						
	Prior period adjustments	8						
	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
	Other changes in not assets or failed seasons (explain in contesting)							
	column (B))	10	3	,078,	,133.			
	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:		İ					
	Separate basis Consolidated basis Both consolidated and separate basis		1		. 4			
b	Were the organization's financial statements audited by an independent accountant?		2b		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	İ	_ '				
	consolidated basis, or both:		1					
	Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		.,	7			
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		* *	1				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audit	1_		] <u>`</u> .			
	Act and OMB Circular A-133?		3a	<del> </del>	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit	_,					
			3h	1	1			

Form **990** (2012)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Open to Public Inspection

Employer identification number

	•	THE SEMI J.	. & RUTH W. BEGUN I	POUNDATIO	ON				34	-1594565
Part I	Reason 1	for Public Char	ity Status (All organiz	ations mus	t complet	e this part.	.) See insti	ructions.		
The organ			because it is: (For lines 1			<del></del>				
1 📺			s, or association of churc							
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🗀	A hospital or	a cooperative hospr	tal service organization of	described i	n section	170(b)(1)(	A)(iii).			
4			operated in conjunction					b)(1)(A)(iii	). Enter	the hospital's name,
	city, and state									
5 🔲	An organizatı	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental unit	describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗀	A federal, sta	te, or local govemm	ent or governmental uni	t described	l in section	n 170(b)(1	)(A)(v).			
7 🗀	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	govemme	ntal unit o	r from the	general	public described in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)							
в 🔲	•		section 170(b)(1)(A)(vi).							
9 🔲			eives: (1) more than 33 °							
			nctions - subject to certa							
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızation	after June 30, 1975.
		<b>509(a)(2).</b> (Complete								
10			perated exclusively to te							
11 X			perated exclusively for the							
			ations described in secti				). See <b>sec</b>	tion 509(a	a)(3). Ch	eck the box that
			organization and compl				d	,	a III. Na	n-functionally integrated
e X	a X Type I		• •	ype III - Fur	-	_	_			
الڪا e			at the organization is not than one or more publicl							
			tten determination from						(a)(1) O	36011011 303(a)(2).
f	-			une ino une	atitisaiy	pe i, Type	ii, Oi Type	7 111		T X
_		rganization, check tl	organization accepted a	ny aift ar co	ontribution	from any	of the follo	nwing pers	sons?	<u> </u>
g			directly controls, either a							Yes No
			upported organization?	10/10 0/ 10g	04101 41411	porcono		., (.,, a., a	, 20.01.	11g(i) X
	-		n described in (i) above?	>						11g(ii) X
	• •	•	a person described in (i)		e?					11g(iii) X
h	• •	•	about the supported or							
•••					, ,					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	notify the	(vi) ls	the	(vii) Amount of monetary
	anization	(, 2	(described on lines 1-9		sted in your		ion in col.	organizatio (i) organiz	ed in the	support
			above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	.?	
			(SCC IIISH GOHOIIS))	Yes	No	Yes	No	Yes	No	
JEWISH	FEDERATION									
OF CLEV	ELAND	34-0714445	7	X	ļ			ļ	-	162,282
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			<u> </u>			ļ		ļ	<b>├</b> ──	
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		ļ	·	+	1	<del> </del>	- ^		1	-
Total	1	s)								162,282
		aduction Act Notice	e see the Instructions	for	1	<u> </u>		Schedul	e A (For	m 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

Part: | 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.)

<u> </u>	tion A. Public Support			· · ·								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")											
2	Tax revenues levied for the organ-											
	ization'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											
5	The portion of total contributions			The state of the s		the Second						
	by each person (other than a	Samuel Comment				,`•						
	governmental unit or publicly		·		2.							
	supported organization) included				•							
	on line 1 that exceeds 2% of the		•		, ,							
	amount shown on line 11,		,									
	column (f)											
6	Public support. Subtract line 5 from line 4			, ;	,	·						
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
7	Amounts from line 4											
8	Gross income from interest,			ļ								
	dividends, payments received on	ļ										
	securities loans, rents, royalties	ents, royalties										
	and income from similar sources											
9	Net income from unrelated business			1								
	activities, whether or not the											
	business is regularly carried on						<del></del>					
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											
	Gross receipts from related activities					12						
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	. —					
Se	organization, check this box and stoction C. Computation of Pub	p here lic Support Pe	rcentage	<u> </u>	<u></u>							
14	Public support percentage for 2012	(line 6, column (f) d	livided by line 11,	column (f)) .		14	%					
	Public support percentage from 201					15	%					
	33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and					
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n								
t	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/3%	6 or more, check th	nis box					
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation								
178	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,					
	and if the organization meets the "fa											
	meets the "facts-and-circumstances"											
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or					
•	more, and if the organization meets											
	organization meets the "facts-and-cir						▶□					
18	Private foundation. If the organization						ıs D					
	<u></u>					edule A (Form 990						

## Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if	you checked the	box on line 9 of Pa	art I or if the organization	on failed to qualify under	Part II. If the organization fails to

qualify under the tests listed I	oelow, please comp	olete Part II.)	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·
Section A. Public Support	·	·				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2 (f) Total
1 Gifts, grants, contributions, and		<del></del>				
membership fees received. (Do not	,					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-	Ì					
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			!			
5 The value of services or facilities						
furnished by a governmental unit to	1					
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	10, 1		* = 30	1. 1574	<u> </u>	
Section B. Total Support			•··			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2 (f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c 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)	<del></del>	L		<u> </u>	- 504( )(6)	
14 First five years. If the Form 990 is for	or the organization's	s tirst, second, thi	ra, tourth, or fifth t	ax year as a sectio	n 5U1(c)(3)	organization,
Section C. Computation of Pub	lie Support De	rcentage		<del></del>		₽└
Section C. Computation of Pub			oolume (A)		15	
15 Public support percentage for 2012			Column (t))		15	<u>%</u>
Section D. Computation of Investigation					16	%
					17	
17 Investment income percentage for 2			ie ie, column (t))		17	%
18 Investment income percentage from			on line 14 and line	o 15 is more than 1	18	d line 17 is not
19a 33 1/3% support tests - 2012. If th	_					a line 17 is not
more than 33 1/3%, check this box	· ·	•	• •	· · · · · ·		1/29/ and
b 33 1/3% support tests - 2011. If th	•					_
line 18 is not more than 33 1/3%, ch 20 Private foundation. If the organizat					-	ization P
20 Private foundation. If the organizat	ion dia not check a	DOX OF THE 14, 18	a, or 190, check t			orm 990 or 990-EZ) 2012

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open'to Public

Name of the organization

MUR COMT T C DIMIN W DECIDI POIDMANTON

Employer identification number

	THE SEMI J. & RUTH W. BEGUN		34-1594565
Rar	t: Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
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 w	vriting that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	
U	for chantable purposes and not for the benefit of the donor or	<u> </u>	·
	impermissible private benefit?	dental advisor, or for any other purposes	Yes No
Par		anization answered "Ves" to Form 990 P	
	Purpose(s) of conservation easements held by the organization		art 14, mio 1.
1	L		torically important land area
	Preservation of land for public use (e.g., recreation or ed	Preservation of a certi	
	Protection of natural habitat	Fieservation of a certi	nea historic structure
_	Preservation of open space		-6
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a th	ed conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Year
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic structi	
	listed in the National Register		_2d ]
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the pen		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
	- wasta malada ni cama aay canti		

Schedule D (Form 990) 2012

		& RUTH W. BEGU	N FOUNDATION					34-15945	565	Pa	ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, d	or Oth	er S	Simila	ar Asse	ts/contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t are a s	ignif	icant	use of its	collection	items	\$
	(check all that apply):										
а	Public exhibition	d	Loan or ex	change progra	ams						
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how they further	the organizatı	on's exe	mpt	purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	asures, or oth	er simila	r ass	sets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	ollection?				[	Yes		No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizati	on answered '	"Yes" to	Fon	m 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributio	ns or other as	sets not	t incl	uded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:			_					
						L			Amount		
С	Beginning balance .		•	•			1c	<u> </u>			
d	Additions during the year					. [	1d				
е	Distributions during the year						1e				
f	Ending balance					Į	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	f the organization an	swered "Yes" to F	om 990, Part	IV, line	10.			,		
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d)	Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance	209,176.	221,811	<del></del>					ļ		
b	Contributions			+	0,000.				ļ		
С	Net investment earnings, gains, and losses	18,262.	<7,086	<del></del>	1,933.				ļ		
d	Grants or scholarships .	8,892.	4,531	<u>. </u>							
е	Other expenditures for facilities			1	ĺ						
	and programs								ļ		
f	Administrative expenses	753.	1,018		122.				<u> </u>		
9	End of year balance	217,793.	209,176		1,811.	Ļ			<u> </u>		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as:							
а	Board designated or quasi-endowment	100.00	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administe	ered for	the c	organi	zation	г		
	by:								$\overline{}$	Yes	No_
	(i) unrelated organizations						•		3a(i)		X
	(ii) related organizations								3a(ii)	$\longrightarrow$	<u>x</u>
	If "Yes" to 3a(ıı), are the related organizations	•							3b		
4	Describe in Part XIII the intended uses of the					_					
Pai	rt VI Land, Buildings, and Equipm		<del></del>	<del></del>							
	Description of property	(a) Cost or o		st or other			mulate ciation		(d) Bool	value	3
		basis (investr	nent) basis	s (other)		<del> </del>					
					1 - 444 - 445 - 47		****** - <sup>5</sup>	Cert,			
b	Buildings							<del></del>			
C	Leasehold improvements		<u> </u>							——	<del></del>
d	Equipment	<u> </u>		<del></del>	<u> </u>						
	Other	raual Form 000, Port	Y column (P) Irro	10(c))				<del>_</del> +			0.
iota	I. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, rait	A, COIGITHT (D), IIITE	,0(0))				Schedule	D /Eorn	900	

THE SEMI J. & RUTH W. BEGUN FOUNDATION

	VII Investments - Other Securities. See	Form 990, Part X, line 12			
	scription of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market value
(1) Fin	ancial derivatives				
	sely-held equity interests				
(3) Oth	ner		<del>-</del>		
(A)	FEDERATION - POOLED MANAGED MONEY				· · · · · · · · · · · · · · · · · · ·
(B)	FUND	12,652.	END-OF-YEAR	MARKET VALUE	<u> </u>
(C)	FEDERATION - POOLED MANAGED MAIN				
(D)	INVESTMENT FUND	2,384,462.	END-OF-YEAR	MARKET VALUE	
(E)	FEDERATION - POOLED MARKETABLE				
(F)	ALTERNATIVE PROGRAM	771,237.	END-OF-YEAR	MARKET VALUE	
(G)					
<u>(H)</u>	<del></del>				
<u>(i)</u>					
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	er interest	
Part	VIII Investments - Program Related. Se				
	(a) Description of investment type	(b) Book value	(c) Method of v	valuation: Cost or end	of-year market value
(1)			<u> </u>		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				·	
(8)					<u> </u>
(9)_					
(10)			ļ. <del></del>		
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)	45			· · · · · · · · · · · · · · · · · · ·
Part		Description			(b) Book value
	(a)	Description	<del></del>		(4)
(1)		·	<del></del>		
(2)					
(3)					
(4)			<del></del>		
<u>(5)</u>					
<u>(6)</u> (7)					
(8)					
(9)					-
(10)		· · · · · · · · · · · · · · · · · · ·	<del>-</del>		
	(Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>&gt;</b>	
Part		line 25.			
1.	(a) Description of liability		(b) Book value	,	
(1)				1	
(2)					
(3)					
(4)				Silver of Edition with the most	
(5)				Sear Atlanta.	
(6)					A SAME AND A SAME AND
(7)					*
(8)					
(9)				] `	
(10)					
(11)					
Total.	(Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		<u></u>	
2. FI	N 48 (ASC 740) Footnote. In Part XIII, provide the te	ext of the footnote to the o	rganization's financ	al statements that rep	ports the organization's
lia	ability for uncertain tax positions under FIN 48 (ASC	740). Check here if the tex	kt of the footnote ha	s been provided in Pa	art XIII

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 THE SEMI J. & RUTH W. BEGUN FOUNDATION		34-1594565	Page 4
Par	Neconciliation of Revenue per Audited Financial State	ments With Revenue p	er 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	2a		
b	Donated services and use of facilities	2b	p <sub>res</sub>	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	194 7	
e	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		- <del>4</del>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\$ 100 to 1	
b	Other (Describe in Part XIII.)	4b	entropy -	
С	Add lines 4a and 4b	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information		<del> </del>	<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			
			Schedule D (For	n 990) 2012

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Open to Public Inspection OMB No 1545-0047

Name of the organization							Employer identification number
THE SEMI J.	& RUTH W. BEGUN FOUNDATION	FOUNDATION					34-1594565
	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?	:		:	:	:	. X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. Co	omplete if the orga	nization answered "Y	'es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government cash grant (b) EIN (c) IRC section (d) Amount of (e) or government cash grant	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TEACHING SOCIAL SKILLS TO
AMERICAN COMMITTEE FOR TEL AVIV							PREVENT VIOLENCE PROGRAM
EDIMPATION INC - 1201 BROADWAY							AT AMIEL RAMBAM SCHOOL
	13-3145161	501(C)(3)	120 290.	0			AND BIALIK-ROGOZIN
SOCIETY FOR PREVENTION OF VIOLENCE 4645 RICHMOND RD., SUITE 103							
WARRENSVILLE HEIGHTS, OH 44128	34-1399911	501(C)(3)	41,992,	0			SOCIAL SKILLS TRAINING
2 Enter total number of section 501(c)(3) and government organizations	and government or	SUOI	listed in the line 1 table		:		2.
-1	s listed in the line	1 table					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2012)

Page 2

34-1594565

Schedule I (Form 990) (2012)

THE SEMI J. & RUTH W. BEGUN FOUNDATION

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	ormation.
PART I, LINE 2: SCHEDULE I, PART I, LINE	2:	ALL GRANTEES ARE			
REQUIRED TO SIGN AND RETURN A GRANT AWARD LETTER THAT STIPULATES THE TERMS	AT STIPULATE	S THE TERMS			
AND CONDITIONS OF THE GRANT INCLUDING HOW THE DOLLARS ARE TO BE SPENT,	RS ARE TO BE	SPENT, OVER			
WHAT PERIOD OF TIME AND REPORTING REQUIREMENTS. TH	THE ORGANIZATION REQUIRES	ON REQUIRES			
WRITTEN REPORTS FROM GRANTEES WHO RECEIVE GRANTS OF	\$1,	000 OR MORE WITHIN			
9-12 MONTHS OF RECEIVING THE GRANT. IN SELECTED CASES,	ES,	SITE VISITS ARE			
CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS.	S.				

Schedule I (Form 990) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page 2
Schedule I (Form 990)  THE SEMI J. & RUTH W. BEGUN FOUNDATION  Part IV. Supplemental Information		
NAME OF ORGANIZATION OR GOVERNMENT:		
AMERICAN COMMITTEE FOR THE AUTH POINTAMION INC		
AMERICAN COMMITTEE FOR TEL AVIV FOUNDATION INC.	<u> </u>	
(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHING SOCIAL SKILLS TO PREVENT		
VIOLENCE PROGRAM AT AMIEL RAMBAM SCHOOL AND BIALIK-ROGOZIN EDUCATIONAL		
CAMPUS		
	<del></del>	
	<del> </del>	
	<del> </del>	
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
	-	

#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

Department of the Treasury ,

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Employer identification number

34-1594565

Pa	irt/II Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	( )	1	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		l	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			′
			١.	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
_				,
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		Ì	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	l	} ;	1:
	establish compensation of the CEO/Executive Director, but explain in Part III.		'	1.0
	Compensation committee Written employment contract	١.	`	ĺ
	Independent compensation consultant — Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			1
4	organization or a related organization:	1		
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<b></b> -	х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		2	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- '	-}	
	contingent on the revenues of:			1
а	The organization?	5a	<u> </u>	x
b	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			ļ
а	The organization?	6a	<u> </u>	x
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_	<b>-</b>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9_	<u></u>	

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

THE SEMI J. & RUTH W. BEGUN FOUNDATION

34-1594565

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

								,
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) ALAN D GROSS	(3)	0	0	0.	0	0	0	0
TRUSTEE	: <b>E</b>	160,415.	0	3,354.	8,058	2,013.	173,840.	0
(2) HEDY P MILGROM	Ξ	0	0	0	0	0	0	0.
SECRETARY	Ξ	160,335.	0	2,162.	8,194.	8:0'5	175,729.	0.
(3) BARRY REIS	€	0	0	0	0	0	0	0
TREASURER	: E	245,230.	0	5,534.	12,500.	22,407.	285,671.	.0
	Ξ							
	(E)							
	(3)							
	<u> </u>							
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	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization **Employer identification number** THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-1594565 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTICULAR. TO FURTHER THE FEDERATION'S COMMUNITY RELATIONS OBJECTIVES BY SUPPORTING, SPONSORING, INITIATING AND MONITORING PROGRAMS AND ACTIVITIES DESIGNED TO REDUCE PHYSICAL AND VERBAL VIOLENCE IN SOCIETY. WITHOUT LIMITATION, SUCH PROGRAMS OR ACTIVITIES MAY INCLUDE THOSE DESIGNED TO EDUCATE THE VERY YOUNG. TRAIN TEACHERS ON THIS SUBJECT EDUCATE PARENTS TO REINFORCE THESE EFFORTS AND OTHERWISE EDUCATE THE PUBLIC IN AN EFFORT TO DEVELOP AND FOSTER PRO-SOCIAL SKILLS AMONG PEOPLE AND PREVENT VIOLENCE BETWEEN PEOPLE. FORM 990, PART VI, SECTION A, LINE 2: BARRY REIS, ALAN GROSS AND HEDY MILGROM HAVE A BUSINESS RELATIONSHIP. THEY ARE OFFICERS OR EMPLOYEES OF THE FEDERATION THE SUPPORTED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 6: TWO CLASSES OF VOTING MEMBERS: (A) THE FEDERATION MEMBER WHICH HAS A MAJORITY OF THE MEMBER VOTING POWER AND IS THE JEWISH FEDERATION OF CLEVELAND (FEDERATION). THE SUPPORTED ORGANIZATION (HEREAFTER "SUPPORTED ORGANIZATION"), AND (B) DONOR MEMBER(S) INDIVIDUALS WHO HAVE IN THE AGGREGATE A MINORITY OF THE MEMBER VOTING POWER, FORM 990, PART VI, SECTION A, LINE 7A: THE FEDERATION MEMBER ELECTS A MAJORITY OF THE BOARD OF TRUSTEES; THE DONOR MEMBER(S) ELECT A MINORITY OF THE BOARD OF TRUSTEES, FORM 990, PART VI, SECTION A, LINE 7B: IF A MAJORITY OF THE BOARD PRESENT

. . .

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

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

**Employer identification number** Name of the organization 34-1594565 THE SEMI J. & RUTH W. BEGUN FOUNDATION AT A MEETING ARE NOT FEDERATION ELECTED TRUSTEES, ANY ACTIONS TAKEN BY THE BOARD AT THAT MEETING ARE NOT EFFECTIVE UNTIL APPROVED BY THE FEDERATION UNDER STATE LAW, MEMBERS MUST APPROVE ANY DISSOLUTION ACTION ADOPTED BY THE BOARD AND ANY BOARD APPROVED SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS EMAILED TO EACH OFFICER/TRUSTEE FOR REVIEW BEFORE FILING. FORM 990 IS PREPARED BY THE SUPPORTED ORGANIZATION'S STAFF AND THEN, BEFORE FILING, IS REVIEWED BY THE FOUNDATION'S TREASURER OR ASSISTANT TREASURER (WHO ALSO IS THE SUPPORTED ORGANIZATION'S ASSISTANT TREASURER). THE CIRCULATED COPY DOES NOT INCLUDE SCHEDULE B CONTRIBUTORS, IF ANY, OR COMPENSATION PAID BY THE RELATED ORGANIZATION. THIS INFORMATION IS MADE AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION B, LINE 12C: EVERY TRUSTEE, OFFICER, BOARD MEMBER, COMMITTEE MEMBER AND EMPLOYEE IN A POSITION TO INFLUENCE, PROVIDE NON-PUBLIC INFORMATION OR VOTE ON FOUNDATION POLICIES OR EXPENDITURES, (A KEY INDIVIDUAL) IS REQUIRED TO SIGN A STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF INTEREST POLICY PRIOR TO EMPLOYMENT OR SERVING ON THE FOUNDATION BOARD OR KEY COMMITTEE. THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH TRUSTEES ANNUALLY AT A FOUNDATION BOARD MEETING. IN ADDITION. ANY NEW KEY INDIVIDUAL IS PROVIDED A COPY OF THE POLICY UPON COMMENCEMENT OF HIS OR HER POSITION AS A KEY INDIVIDUAL AND IS REQUIRED TO SIGN AND DELIVER TO THE FOUNDATION A STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE POLICY. A COPY OF THE POLICY IS SENT ANNUALLY TO ALL KEY INDIVIDUALS. THE FEDERATION (SUPPORTED ORGANIZATION) ENDOWMENT DEPARTMENT PERSONNEL ARE RESPONSIBLE FOR MAINTAINING COPIES OF SIGNED STATEMENTS AND FOLLOWING UP TO ENSURE THAT A STATEMENT IS OBTAINED FROM

232212 01-04-13

ISSUANCE.

THE AUDIT COMMITTEE

TRUSTEES WHICH MUST APPROVE THE APPOINTMENT.

PROVIDES OVERSIGHT OF THE AUDIT AND REVIEWS THE AUDITED FINANCIAL

THE AUDIT COMMITTEE ALSO MEETS INDEPENDENTLY WITH THE

STATEMENTS WITH STAFF AND THE INDEPENDENT ACCOUNTANTS PRIOR TO

INDEPENDENT ACCOUNTANTS TO DISCUSS THE AUDIT PROCESS.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  THE SEMI J. & RUTH W. BEGUN FOUNDATION	Employer identification number 34-1594565
SCHEDULE A, PART I, LINE H(VII)	
AMOUNT OF SUPPORT TO SUPPORTED ORGANIZATION:	
THESE GRANTS ALL SUPPORT THE CHARITABLE, EDUCATIONAL AND RELIGIOUS	
PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND (FEDERATION). OF THE	
AMOUNT REPORTED, NONE WENT DIRECTLY TO THE FEDERATION.	
ANOUNT REPORTED, NOWS WENT DIRECTED TO THE PEDERATION.	
	· · · · · · · · · · · · · · · · · · ·
**************************************	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

► Attach to Form 990.

2012 Open to Public

OMB No 1545-0047

Inspection

**Employer identification number** 

Schedule R (Form 990) 2012 (g) Section 512(b)(13) ŝ × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, tine 34 because it had one or more related tax-exempt organizations during the tax year.) 34-1594565 Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income **Exempt Code** ፱ section 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) OHIO GRANTS & ALLOCATIONS FOR CHARITABLE, EDUCATIONAL, AND RELIGIOUS PURPOSES Primary activity Primary activity THE SEMI J. & RUTH W. BEGUN FOUNDATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. JEWISH FEDERATION OF CLEVELAND - 34-0714445 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity CLEVELAND, OH 44122-7302 25701 SCIENCE PARK DRIVE Part Part

Page 2

34-1594565

Schedule R (Form 990) 2012 THE SEMI J. & RUTH W. BEGUN FOUNDATION

Far ill Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

1	Code V-UBI General or Percentage amount in box partner? 20 of Schedule Fartner? K-1 (Form 1065) Yes No			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(g) (h) Section Share of Percentage 512(b)(13) end-of-year ownership centrolled entity? Assets Yes No			
(£)	Disproportion- ate allocations?  Yes No K:			Part IV, line 34 be	Share of total Sh income end			
(6)	tal Share of end-of-year assets			"Yes" to Form 990,	Type of entity Share (C corp, S corp, or trust)			
9	icome Share of total ated, income x under 514)			ganization answered	(d)  Direct controlling Tyre (C.C.			
(e)	9 Predominant income (related, unrelated, excluded from tax under sections 512-514)			Complete if the or	(C) Legal domicile Dire (state or foreign country)			
(D)	Direct controlling entity			oration or Trust (	(b) Primary activity			
(0)	Legal domictle (state or foreign country)			as a Corp ing the tax	Prin		<u>:</u>	
(q)	Primary activity			anizations Taxable poration or trust dur	Z -			
(a) (b) (c)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			

34-1594565

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			•		Yes	Ŷ
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?	is with one or more r	elated organizations listed	in Parts II-IV?	1		養
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a.		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				5	_	×
d Loans or loan guarantees to or for related organization(s)				5		×
e I cans or loan guarantees by related organization(s)		•	•	ą	T	×
		•		:	7:- 1:5	1
f Dividends from related organization(s)				#	1	×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				F		×
j Lease of facilities, equipment, or other assets to related organization(s)				<b>;</b> =		×
				,	13	
k Lease of facilities, equipment, or other assets from related organization(s)		٠		¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızation(s)			Ē	×	
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			ŧ		×
Sharing of paid employees with related organization(s)	•			ş	Ī	×
				+-	3	35 1.1
n Reimhursement paid to related organization(s) for expenses				٠ ج	-	<b>7</b>
				•	T	,
q Reimbursement paid by related organization(s) for expenses		•		Þ		<b>∢</b> [3
				<del>- ,</del>	43 pg.	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				÷	×	
s Other transfer of cash or property from related organization(s)				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(3)						
(4)						
(5)						
232163 12-10-12	35		Schedule B (Form 990) 2012	(Form	100	2012

Page 4

Schedule R (Form 990) 2012 THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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 of gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

illar was flot a related organization, deciliaring conditions and an analysis of the conditions and the conditions are also the conditions and the conditions are also the con	(4)	3	(5)	[0]	9	(0)	3	9	9	(8)
(a)	(a)	2	2	A (C)	=	6	<u> </u>		5	<u> </u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Uspropor CODE V-UB General of Percentage tong a month in Dox 20 managing ownership allocations? of Schodulo K-1 partner? ownership	General or managing partner?	Percentage ownership
		country)	under section 512-514)	es No	income	assets	Yes No	(Form 1065)	Yes No	
							_			
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								Schedule	R (For	Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012 THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page 5
Part VII	(Form 990) 2012 THE SEMI J. & RUTH W. BEGUN FOUNDATION   Supplemental Information		-
	Complete this part to provide additional information for responses to questions on Schedule R (see instru	ctions\	
	Complete this part to provide additional mornation for responses to questions on ocheque in (see institu	otionsj.	
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## Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service .

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

• If y	ou are f	iling for an Automatic 3-Month Extension,	complete	only Part I and che	ck this box			▶ ☑
• If y	ou are f	iling for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete on	ly Part II (on page 2	of thi	s form)	
		plete Part II unless you have already been						n 8868
a cor 8868 Retu	poratio to requ rn for T	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition uest an extension of time to file any of the fransfers Associated With Certain Personal For more details on the electronic filing of the	nal (not aut forms liste Il Benefit (	omatic) 3-month ext od in Part I or Part I Contracts, which m	tension of time. You I with the exception bust be sent to the	can e of Fo IRS	electronica orm 8870, in paper	ally file Form , Information format (see
		Automatic 3-Month Extension of Time						
A co	rporatio	n required to file Form 990-T and reque	sting an a	automatic 6-month	extension—check t	his b	ox and o	complete
	only .							► 🗆
All of	her cor	porations (including 1120-C filers), partnersh	ıps, REMI(	Cs, and trusts must	use Form 7004 to re	quest	t <mark>an ext</mark> en	ision of time
to file	income	e tax returns						
					Enter filer's identify	ng nu	mber, see	instructions
Туре	or	Name of exempt organization or other filer, see in	structions		Employer identification	n num	nber (EIN) o	or
print		SEMI J & RUTH BEGUN FOUNDATION			34	-1594	565	
	ſ	Number, street, and room or suite no If a P O. bo	ox, see instr	uctions	Social security number	er (SSI	N)	
File by due da		25701 SCIENCE PARK DRIVE						
filing yo	our [	City, town or post office, state, and ZIP code For	r a foreign a	ddress, see instruction	ns			
return instruct		CLEVELAND, OH 44122-7302						
Enter	the Ret	urn code for the return that this application i	s for (file a	separate application	n for each return)	•		0 1
App	lication		Return	Application				Return
Is For			Code	Is For				Code
Form 990 or Form 990-EZ			01	Form 990-T (corpo	orporation)			07
Form 990-BL			02	Form 1041-A				08
Form 4720 (individual)			03	Form 4720		09		
	1 990-PI		04	Form 5227				10
		(sec. 401(a) or 408(a) trust)	05	Form 6069				11
		(trust other than above)	06	Form 8870				12
								<del></del>
• The	books a	are in the care of  BARRY REIS	·				-	
Tele	phone !	Vo. ► 216-593-2900	F/	AX No ►	216-593-2901			
• If the	e organi	zation does not have an office or place of bu	 Isiness in t	he United States, ch	neck this box			. ►□
<ul><li>If the</li></ul>	s is for	a Group Return, enter the organization's four	r dıgıt Grou	p Exemption Numb	er (GEN)N/A	4	If thi	IS IS
			•	of the group, check	this box .	▶ {	🗌 and att	tach
		names and EINs of all members the extension		······································				
1	I reque	st an automatic 3-month (6 months for a co						
	untıl	AUGUST 15 , 20 13 , to file the exem	npt organiz	ation return for the c	organization named a	above	. The exte	≳nsion is
	for the	organization's return for:						
	<b>▶</b> 🗹 c	alendar year 20 <u>12</u> or						
	<b>▶</b> 🔲 ta	x year beginning	, 20	, and ending			, 20	
2	If the ta	ax year entered in line 1 is for less than 12 m	onths, che	ck reason 🔲 Initial	return	urn		
	Cha	nge in accounting period						
3a		application is for Form 990-BL, 990-PF, 990- Indable credits. See instructions	-T, 4720, o	r 6069, enter the ter	ntative tax, less any	3a	s	N/A
b		application is for Form 990-PF, 990-T, 4	720. or 60	069, enter any refur	ndable credits and		<del></del>	N/A
	estimat	ed tax payments made Include any prior ye	ar overpay	ment allowed as a c	redit	3Ь	\$	N/A
С		e due. Subtract line 3b from line 3a Include (Electronic Federal Tax Payment System) S			required, by using	3c	S	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions