

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012

Open to Public Inspection

									пізресцоп
B Che		pplicable	endar year, or tax year beginning C Name of organization HEBREW ACADEMY OF CLEVELAND	07-01-2012 , 2012, and ending	g 06-30-	·2013		-	entification number
	ne cha	_	Doing Business As				34-07	1442	28
Init	ıal retu	ım	Number and street (or P.O. box if ma	ıl ıs not delivered to street address) Ro	om/suite	<u> </u>	E Talanha		
Ter	mınate	ed	1860 South Taylor Road	in is not delivered to street address, it	John, Jane	•	E Telepho		
┌ Am	ended	return	City or town, state or country, and ZI	(216)	321-	5838			
☐ App	lication	n pending	Cleveland Heights, OH 44118				G Gross r	eceıpts	\$ 15,618,035
			F Name and address of princ	cipal officer			this a group	retur	
			Dr Louis Malcmacher 1860 South Taylor Road			af	filiates?		Γ Yes Γ No
			Cleveland Heights, OH 4411	8					uded?
I Ta:	x-exem	npt status	▼ 501(c)(3)	sert no)		Ιf	"No," attach	a list	(see instructions)
J W	ebsite	e: ► ww	w hac1 org	,		H(c)	Group exempt	ion nu	ımber ►
K Forr	n of org	ganızatıon	Corporation Trust Association	Other ►	ı	L Year o	of formation 19	43	¶ State of legal domicile OH
Pa	rt I	Sum	mary						
Activities & Governance	! ! ! !	State of her fulles services teachers team wh	its doors for the 70th season on 8 Ohio With excellence as our mot st potential In addition to its regulation so its regulation of a school nurse, school interves Some of the professionals, toge ich meets regularly to discuss the all educational program for each ch	to we strive to ascertain the abil ular classes, together with the lo ntionists, social workers, langua ther with members of the school e progress of individual students	lities of ocal sch age and 's educa	each ch ool distr speech : ational a	ild and to hell ict, we provid specialists ai dministration	each le our nd sev , form	n child achieve his or students with the veral remedial i a case conference
ు *ర ఆ	2 (Check th	nis box ► if the organization dis	continued its operations or disp	osed of	more tha	an 25% of its	net a	ssets
ij			•					ı	1
Ę	l		of voting members of the governir of independent voting members of					4	11
•	l		mber of individuals employed in c		5	215			
	l		mber of volunteers (estimate if ne					6	150
			related business revenue from Pa					7a	0
	ь	Net unre	elated business taxable income fro	om Form 990-T, line 34				7b	0
	8	Contri	butions and grants (Part VIII, lin	o 1h)		-	Prior Year 5,675,2	2 3 3	Current Year 6,649,516
ĕ	9		am service revenue (Part VIII, lin				8,361,9		8,634,573
Revenue	10	Invest	tment income (Part VIII, column	(A), lines 3, 4, and 7d)			36,	740	72,346
Щ	11		revenue (Part VIII, column (A), I				242,	747	130,986
	12		revenue—add lines 8 through 11 (14,316,6	588	15,487,421
	13		s and sımılar amounts paıd (Part I				4,143,0	78	5,061,207
	14		ts paid to or for members (Part IX					0	0
8	15	Saları 5–10)	es, other compensation, employee)	e benefits (Part IX, column (A), I	ines		6,159,4	132	6,402,901
Expenses	16a	Profes	ssional fundraising fees (Part IX, c	column (A), line 11e)				0	0
ਡੌ	b		ındraısıng expenses (Part IX, column (D),						
	17		expenses (Part IX, column (A), li				3,369,2		2,553,854
	18 19		expenses Add lines 13–17 (mus iue less expenses Subtract line 1				13,671,		14,017,962
2 G G			English Subilderine 1		<u> </u>	Begin	ning of Curre Year		End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)				19,726,	231	21,925,027
전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 2 2 3 3 3 3	21	Total	liabilities (Part X, line 26)				6,010,	115	5,077,335
	22		ssets or fund balances Subtract II	ne 21 from line 20			13,716,	116	16,847,692
Unde my kı	nowled rer ha	alties of dge and as any ki	perjury, I declare that I have example the perjury, I declare that I have example the perjury, I declare that I have example the perjury, I declare that I have example that I have exampl						
		17	Print/Type preparer's name	Preparer's signature	Dat	e T	Check I if	PTIN	
Paid	t						self-employed		
	pare	er L	Firm's name 🕨				Firm's EIN ►		
Use	On	ly	Firm's address 🕨				Phone no		

•		/				r age i
Par	t III	Statement of Progra Check if Schedule O conta				
1	Briefl	ly describe the organization	s mission			
PREI AMC SEM [NS]	PARE T NG FA INAL E TITUTI	THEM TO ACHIEVE EXCEL MILY, JUDAIC AND GENEI VENTS IN JEWISH HISTO	LENCE IN TORAH AND RAL STUDIES FACULT RY RECOGNIZING TH L IN OUR STUDENTS A	GENERAL KNOWLEDG Y AND COMMUNITY T E SIGNIFICANCE OF E	OVE OF G-D, TORAH AND ER GE BASED ON SUCCESSFUL C THE CREATION OF ERETZ YIS ERETZ YISROEL AND ITS NAT ERETZ YISROEL AND ITS PEO	OOPERATION ROEL IS ONE OF THE TONAL
2		ne organization undertake ar rior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Ye	s," describe these new serv	ices on Schedule O			
3	servi	ne organization cease condu ces?				┌ Yes ┌ No
4	Desci exper		am service accomplishr 501(c)(4) organization	s are required to report	ee largest program services, as the amount of grants and alloca	
	the to	otal expenses, and revenue,	ii aiiy, ioi eacii piograiii	service reported		
4a	(Code	e) (Expen Hebrew Academy offers a complete	· · · · · · · · · · · · · · · · · · ·	including grants of \$ nal program from pre kinderg	4,506,336) (Revenue \$ garten through high school	8,634,573)
4b	(Code	e) (Expen	ses \$	including grants of \$) (Revenue \$)
4c	(Code	e) (Expen	ses \$	including grants of \$) (Revenue \$)
4d		er program services (Descri benses \$	be in Schedule O) O including grants(of \$	0)(Revenue\$	0)
4e	Tota	Il program service expenses	► 11,876,371			
_	_					

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🤨	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	Yes	
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Раг	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	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		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	שכ		
C	11 165, to fine 54 of 56, and the organization me form 6000-17	5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		165	
-	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	-		No
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			140
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Į į		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes

Did the organization delegate control over management duties customarily performed by or under the direct

Section C. Disclosure

5838

List the States with which a copy of this Form 990 is required to be filed ▶OH

interest policy, and financial statements available to the public during the tax year

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Hebrew Academy of Cleveland Rabbi Eli Dessler Financial Director 1860 South Taylor Road Cleveland Heights, OH (216) 321-

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

supervision of officers, directors or trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		

3

4

5

6

7a

Νo

Νo

Νo

Νo

Νo

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

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

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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compens or director (Trust or director					ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		l trustiee or	nol Trustee		0)66	Highest compensated				
(1) Mr Hymie Keller Hebrew Academy of Cleveland Financial Secretary	0	x		х				0	0	C
(2) Dr Howard Goldman Hebrew Academy of Cleveland Associate Treasurer	1 0	×		х				0	0	C
(3) Mr Ivan Soclof Hebrew Academy of Cleveland Immediate Past President	1 0	х		х				0	0	C
(4) Mr Amır Jaffa Hebrew Academy of Cleveland Recording Secretary	1 0	х		х				0	0	C
(5) Rabbı Menashe Weiss Hebrew Academy of Cleveland Treasurer	1 0	×		х				0	0	C
(6) Mr Mel Waxman Hebrew Acaderny of Cleveland Vice Chairman	1 0	х		х				0	0	(
(7) Mr Harry Brown Hebrew Academy of Cleveland Vice President	1 0	х		х				0	0	(
(8) Mr Reuven Dessler Hebrew Academy of Cleveland Vice President	1 0	х		х				0	0	(
(9) Dr Elliot Dickman Hebrew Academy of Cleveland Vice President	1 0	х		х				0	0	(
(10) Mr Jonathan Herfetz Hebrew Academy of Cleveland Vice President	1 0	х		х				0	0	(
(11) Dr Louis Malcmacher Hebrew Academy of Cleveland President	1 0	х		х				0	0	(
(12) Rabbı Eli Dessler Financial Director	40				х			163,600	0	3,695
(13) Rabbı Sımcha Dessler	40									
Educational Director	0				X			148,301	0	3,695
										Form 990 (2012

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

arganization below dotted line) Description Descripti	compensation W- from the	(E) Reportable compensation from related organizations (W-	Reportable Reportal compensation compensa from the from rela organization (W- organization			ot cloox, an c	(A) Name and Title			
Total from continuation sheets to Part VII, Section A	· -	2/1099-MISC)	2/1099-MISC)	Former	Highest compensated employee	Key employee	Officei	Institutional Trustee Individual trustee	ganizations below otted line)	
Total (add lines 1b and 1c)							igdash			
Total from continuation sheets to Part VII, Section A							\vdash			
Total (add lines 1b and 1c)							\vdash			
Total (add lines 1b and 1c)							\vdash			
Total (add lines 1b and 1c)										
to a Total from continuation sheets to Part VII, Section A										
to a Total from continuation sheets to Part VII, Section A										
to a Total from continuation sheets to Part VII, Section A										
to a Total from continuation sheets to Part VII, Section A										
to a Total from continuation sheets to Part VII, Section A										
total (add lines 1b and 1c)										
total (add lines 1b and 1c)										
d Total (add lines 1b and 1c)				. —			•			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶4 Yes	0 7,39	0	311.901	-	•	•	•	tion A .	•	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	.,,65			e) who re	d abov	ıste	ose l	nıted to th		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						-	on ⊫ -4	organızatı	ation from the	\$100,000 of reportable compe
on line 1a? If "Yes," complete Schedule J for such individual	Yes No									
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	1 1		r highest compen	yee, or h	emplo					
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		on from the uch				mpei	e coi	f reportabl	a, is the sum	For any individual listed on line organization and related organiz
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)			ated organization	· · unrelat	om anv	• on fro	• ısatı	ue compen	· · · ·	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)										
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)							—		actors	Section B. Independent Cor
									ıghest comp	Complete this table for your five
	(C) Compensation		Des					dress		Na
ı										

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	777	Statement o	T KEVENUE ile O contains a respor	nse to any question i	in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
w 22	1a	Federated camp	paigns 1a	1,202,322				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es 1b	0				
ا ۾ ق	С	Fundraising eve	ents 1c	15,760				
χĒ	_	_	ations 1d					
<u>.</u>	d							
Si E	е	Government grants	s (contributions) 1e	469,026				
₽ %	f	All other contribution	ons, gifts, grants, and 1f t included above	4,962,408				
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines	0				
탈의	_	1a-1f \$						
ರಿ೯	h	Total. Add lines	1a-1f	· · · · •	6,649,516			
e e				Business Code				
Program Serwce Revenue	2a	tuition revenue		611110	8,180,275	8,180,275	0	0
E E	b	lunch revenue		611110	226,780	226,780	0	C
93	С							
er v	d							
ှ င်	e							
	f	All other progra	m service revenue		227,518	227,518	0	0
٥		Total Addings	25.26	<u> </u>	0.624.572			
_	g 3	Total. Add lines	ome (including dividen		8,634,573			
			ar amounts)		66,718	0	0	66,718
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0	0	0	0
	5	Royalties		•	0	0	0	О
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental	98,653 15,812	0				
	b	expenses	·					
	c	Rental income or (loss)	82,841	0				
	d	Net rental incor	me or (loss)		82,841	0	0	82,841
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	0	15,900				
	b	Less cost or other basis and	0	10,272				
		sales expenses Gain or (loss)	0	5,628				
	c d	Net gain or (los	-		5,628	0	o	5,628
Other Revenue	8a	Gross income fi events (not incl \$15,	rom fundraising uding ,760 reported on line 1c)		3,13			
<u>.</u>			а	115,359				
اَچٌ	b		penses b	96,945				
9	c		loss) from fundraising	events 🛌	18,414		0	18,414
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a	37,316				
	b		penses b	7,585				
	С		loss) from gamıng actı	vities	29,731	0	0	29,731
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold b					
	С		loss) from sales of inv	entory 🛌				
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	C							
	d	All other revenu	ie		0	0	0	0
	e	Total. Add lines	11a-11d	🕨	0			
	12	Total revenue.	See Instructions .	🖊	15,487,421	8,634,573	0	203,332
					12,707,421	0,004,073	U	

Form !	990 (2012)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			lete column (A)	
	Check if Schedule O contains a response to any question in this Pa		(B)		 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	554,871	554,871		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,506,336	4,506,336		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	377,591	148,301	163,600	65,690
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	5,303,445	4,570,520	732,925	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	218,010	218,010	0	0
9	Other employee benefits	87,264	36,894	45,791	4,579
10	Payroll taxes	416,591	347,714	62,489	6,388
11	Fees for services (non-employees)				_
а	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	28,042	0	28,042	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	591	0	0	591
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	196,792	0	0	196,792
13	Office expenses	255,840	202,851	52,989	0
14	Information technology	21,360	21,360	0	0
15	Royalties	0	0	0	0
16	Occupancy	600,551	21,764	578,787	0
17	Travel	37,934	37,934	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	107	0	107	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	512,600	512,600	0	0
23	Insurance	53,973	0	53,973	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	food program	401,466	401,466	0	0
b	student activities	284,325	280,750	3,575	0
С	outside educational programming	130,273	0	84,752	45,521
d					
e	All other expenses	30,000	15,000	0	15,000
25	Total functional expenses. Add lines 1 through 24e	14,017,962	11,876,371	1,807,030	334,561
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,001,400	1	521,294
	2	Savings and temporary cash investments			0	2	88,080
	3	Pledges and grants receivable, net			648,872	3	1,717,061
	4	Accounts receivable, net			718,250	4	794,239
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete P. Schedule L	of		_	05.000	
ds	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrıl mploy	outing employers	0	6	25,000
Assets	7	Notes and loans receivable, net			196,408		171,168
AS	8	Inventories for sale or use			190,400	8	171,100
	_				8,155		
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete		19,151,563	,	9	8,010
		Part VI of Schedule D	10a	, ,		10-	10 212 026
	b	Less accumulated depreciation	10b	8,837,627	10,586,068		10,313,936
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			6,566,343	12	8,084,898
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			735		200,735
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			19,726,231	16	21,925,027
	17	Accounts payable and accrued expenses			842,088	17	929,513
	18	Grants payable	0	18	0		
	19	Deferred revenue		0	19	32,702	
	20	Tax-exempt bond liabilities		0	20	0	
\mathcal{L}	21	Escrow or custodial account liability Complete Part IV of Sch	· ·	0	21	0	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		ustees,			
<u> </u>		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	s.		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			355,476	24	400,774
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule			
		D			4,812,551	25	3,714,346
	26	Total liabilities. Add lines 17 through 25			6,010,115	26	5,077,335
ě		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	, and	l complete			
ä	27	Unrestricted net assets			12,813,010	27	14,880,644
ල ග	28	Temporarily restricted net assets			485,606	28	1,549,548
됟	29	Permanently restricted net assets			417,500	29	417,500
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	┌─ and			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$	32	Retained earnings, endowment, accumulated income, or other				32	
	33	Total net assets or fund balances			13,716,116	33	16,847,692
Net							
	34	Total liabilities and net assets/fund balances	<u> </u>	• •	19,726,231	34	21,925,027

Pai	rt XI Reconcilliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u>· · · </u>	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1 5 /	187,421	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	017,962	
3	Revenue less expenses Subtract line 2 from line 1	3		1,469,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5			716,116	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			-591	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	n Schedule O) 9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		16,8	347,692	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				. Г	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate				
	▼ Separate basis					
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041010094

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

HEBREW ACADEMY OF CLEVELAND

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

									34-0714		
	rt I			blic Charity Sta				•	<u> </u>	instruction	ns.
The c	rganı			te foundation becaus							
1	<u> </u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	<u> </u>			in section 170(b)(1			-				
3	Г	A hosp	ital or a coo	perative hospital se	rvice organi:	zatıon desc	rıbed ın sect i	on 170(b)(1)(A)(iii).		
4	Г			h organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
_	_			ty, and state	+ - f = 11 =						
5	ı	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribed in
_	_			(A)(iv). (Complete P				470(1)	(4)(4)(
6	<u> </u>			local government or	=					ć	
7	ı			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			mnlete Part	II)			
9	,		-	at normally receives			-	-	ibutions me	mbershin fe	es and dross
	'			ities related to its e							
				oss investment inco							
				ganızatıon after June						ı caxyıromı.	Jasinesses
10	\vdash	•		ganized and operated	-			-	-		
11	<u>'</u>	_		ganized and operated							t the nurnoses of
	'			ly supported organiz							
				bes the type of supp							
		a	Type I	b	┌ Type II	I - Functio	nally integra	ed d	Type III - I	Non-functioi	nally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pu	blicly suppo	ted organiz	ations descr	ıbed ın sectı	on 509(a)(1) or
f			n 509(a)(2) Irganization	received a written de	etermination	from the II	RS that it is a	a Type I Ty	ne II or Tyn	e III suppo	rtına oraanızatıon
•			this box	received a miletell a	cccimmacion		NO CHUC IC IS	, pc . , . ,	pc 11, c , p	сти зарро	
g		Since A	ugust 17, 2	2006, has the organ	ızatıon acce	pted any gif	ft or contribu	tion from an	y of the		
			ng persons?							,	
				rectly or indirectly o				n persons d	escribed in (Yes No
				governing body of th		_	on?				lg(i)
				er of a person descr							.g(ii)
_				lled entity of a perso						11	g(iii)
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)				
			/··> = - N	/···> =		. 1	1, 35,				1
_	i) Nam suppoi		(ii) EIN	(iii) Type of organization	(iv) Is organizat		(v) Did yo		(vi) I: organiza		(vii) A mount of monetary
	ganiz			(described on	col (i) lis		in col (i)		col (i) or		support
-	9			lines 1- 9 above	your gove		suppo	'	in the		
				or IRC section	docume	ent?					
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
Tota											

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493041010094

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

ntema	Revenue Service F Attach to For	m 990. ► See separate instructions.			Tilshec	LIOII
	me of the organization BREW ACADEMY OF CLEVELAND			loyer ident if icat	ion numbe	er
Ds	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar Fu		714428	Comple	to if the
ΡG	organizations maintaining bonor Ad-		nus (or Accounts.	Comple	te ii tile
		(a) Donor advised funds	((b) Funds and o	theraccou	ınts
1	Total number at end of year	14				0
2	Aggregate contributions to (during year)	461,575				0
3	Aggregate grants from (during year)	554,871				0
4	Aggregate value at end of year	214,737				0
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or		r advı:	sed	✓ Yes	┌ No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?				✓ Yes	┌ No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form	n 990, Part IV,	line 7.	
2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)	ertified	d historic structi	ure	
		Γ		Held at the I	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified history	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accommistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	l by th	e organızatıon d	urıng	
	the tax year 🛌					
4	Number of states where property subject to conservat	ion easement is located ▶	_			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ıng of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents d	uring the year		
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durıng	the year		
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	ıon 17	'0(h)(4)(B)(ı)	┌ Yes	□ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial sents	staten	nents that descr	ribes	·
Pai	Complete If the organization answered "Y	'es" to Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r rese	arch in furtherar		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education, o				lıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		finan			
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Ar	t, HIS	storical i	reası	ires, or Oi	ine	r Similar As	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the fol	lowing that a	re a	significant use	of its	
а	Public exhibition		d	┌ Loan	orexc	hange progra	ams			
b	Scholarly research		e	┌ Othe	r					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the	organızatıon'	s ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	ns of ai	rt, historical	treas	ures or other	sım	ılar		
	assets to be sold to raise funds rather than t								☐ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	1 "Y	es" to Form S	990, 	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	nediary	for contrib	utions	or other asse	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete th	e follo	wing table		_				
						-		Ar	nount	
С	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
е	Distributions during the year					—	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, III	ne 21?)					│ Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if th	e expla	anation has	been p	rovided in Pa	art X	(III		Γ
Pa	tt V Endowment Funds. Complete									
4 -	Danis and consultation of	(a)Current year 6,136,740		Prior year 5,895,976		wo years back 4,479,896	(d)1	hree years back 4,005,098	(e) Four y	4,937,944
1a L	Beginning of year balance	1,301,279		545,466		734,078		229,214		253,743
b	Contributions	1,501,279		343,400		734,070		223,214		
С	Net investment earnings, gains, and losses	628,066		-170,133		842,972		463,584		-918,173
d	Grants or scholarships	0		0		0		0		0
е	Other expenditures for facilities and programs	219,195		134,569		160,970		218,000		268,416
f	Administrative expenses	0		0		0		0		0
g	End of year balance	7,846,890		6,136,740		5,895,976		4,479,896		4,005,098
2	Provide the estimated percentage of the cur					held as				
a	Board designated or quasi-endowment	95 %	100 (111	ic 19, coluii	III (a))	nera as				
	Permanent endowment - 5 %									
b	r ermanent endowment P) %								
С	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse organization by	ssion of the organi	zatıon	that are hel	d and a	admınıstered	for	the	Yes	No
	(i) unrelated organizations							3a		110
	(ii) related organizations							3a(_	No
b	If "Yes" to $3a(II)$, are the related organization	ns listed as require	ed on S	Schedule R?				3	b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 9	90, Pa	art X, line (a) Cost or		(b)Cost or oth	T	(c) Accumulated	(d) Pa	ok value
	Description of property			basis (inves		basis (other		depreciation	(a) 60	
1 a	Land				0	2,597,	789			2,597,789
b	Buildings		•	3	02,566	12,803,	750	6,154,01	2	6,952,304
С	Leasehold improvements				0	1,761,	445	1,054,74	5	706,700
	Equipment		•		0	1,663,	772	1,341,94	9	321,823
			•		0		241	286,92		-264,680
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	umn (B), line	10(c).)		🗠 🗀	1	.0,313,936

Part VII Investments—Other Securities. See	e Form 990, Part X, line 12)
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives	0	Cost or end-of-year market value
(2)Closely-held equity interests	0	
(3)Other		
(A) endowment jewish federation of cleveland (jfc) main investment fund	3,821,849	F
(D) and an analysis of the second second		_
(B) endowment jfc money fund	2,279,891	F F
(C) endowment jfc marketable alternatives program	1,669,641	F
(D) assets held by Jfc	75,528	F
(E) investment stocks wells fargo investments	66,989	F
(F) prıvate company stock	20,000	F
(G) israel bonds	151,000	F
(C) isidel boilds	131,000	'
	8,084,898	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. See Form 990, Part X, I (a) Descri		(b) Book value
(a) Descri	iption	(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal Income taxes	0	
accrued pension liability	3,714,346	
]	
Table (Cohora (I) and a 15 and		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	- / / -	syration's financial statements that was the
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	ext of the loothote to the organ	nzation 5 illiancial statements that reports the

1	l otal revenue, gains, and other support per audited financial statements	1	11,665,34
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-3,941,83
3	Subtract line 2e from line 1	3	15,607,17
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 591		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	-119,75
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	15,487,42
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	9,631,96
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	120,34
3	Subtract line 2e from line 1	3	9,511,62
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 0		
b	Other (Describe in Part XIII)]	
c	Add lines 4a and 4b	4c	4,506,33
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	14,017,96
	VIII Supplemental Information		•

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	the academy has a policy of appropriating for distribution each year of no more than 5 percent of its endowment fund's average fair value over the prior 4 quarters through the fiscal year end proceding the fiscal year in which the distribution is planned. In establishing this policy, the academy considered the long term expected return on its endowment this is consistent with the academy's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The Academy is organized as a nonprofit organization exempt from income tax under 501(c) (3) of the Internal Revenue Code The Academy has implemented the accounting guidance for Uncertainty in Income Taxes The Academy's income tax filings are subject to audit by various taxing authorities. The earliest year that the Academy is subject to examination is the year ended June 30, 2010. In evaluating the Academy's activities, management believes its position of tax-exempt status is appropriate based on current facts and circumstances, and there have been no uncertain positions taken related to recording income taxes. Management has also assessed that there are no activities unrelated to the purpose of the Academy and therefore no tax is to be recognized. It is the policy of the Academy to include in operating expenses penalties and interest assessed by income taxing authorities. There are no penalties or interest from taxing authorities included in operating expenses for the years ended June 30, 2013 and 2012.
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	tuition subvention
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	rental expense 15812 and fundraising 115359
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	rental exp 15812 and fundraising 104530
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	tuition subvention

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041010094

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

HEBREW ACADEMY OF CLEVELAND

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Employer identification number

	34-0714428			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		- - -		
4	Does the organization maintain the following?] _	l , .	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a	Yes	
	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	-		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pendiscrimination? If "No," explain on Part II			
	DIKEN PROC 75-5H 1975-71 B 587 COVERING RACIAL NORGISCRIMINATION / IT "NO " EVNIAIN ON PART II	. 7	1 V a a	i

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Admission documents include racially nondiscriminatory policy as well as twice yearly newspaper publications. The bylaws also include the policy
SchE_P01_S00_L06	Schedule E, Part I, Line 6	national school lunch program, auxiliary funding, erate program, child care subsidies, title funding, mandated services, edchoice scholarships

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493041010094

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

HEBREW ACADEMY OF CLEVELAND

SCHEDULE G

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Supplemental Information Regarding

Open to Public Inspection

Employer identification number

34-0714428

Pa	rt I Fundraising Act	i vities. Complete	ıf the o	rganızatı	on answered "Yes" t	to Form 990. Part IV	
	Indicate whether the organ	•				•	,
- а	Mail solicitations	Zation raisea lanas t	.iii ougii ui		Solicitation of non		
ь	Internet and email solid	citations		f	Solicitation of gov		
С	Phone solicitations			g	Special fundraisin	_	
d	☐ In-person solicitations						
2a	Did the organization have a or key employees listed in						Γ _{Yes} Γ _{No}
b	If "Yes," list the ten highes to be compensated at least			undraiser	s) pursuant to agreeme	ents under which the fui	ndraiser is
,	(i) Name and address of ındıvıdual or entity (fundraıser)	(ii) Activity	fundrais custe cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
				_			
Tota —— 3	List all states in which the o	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

If "Yes," explain

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col (a) through fundraising school col (c)) olarship dinner 1 event (event type) (total number) (event type) Revenue 95,833 13,763 21,523 131,119 Gross receipts Less Contributions 0 15,760 15,760 Gross income (line 1 minus line 2) 80,073 13,763 21,523 115,359 1,600 0 0 Cash prizes 1,600 0 Noncash prizes 24,841 0 24,841 5 Expenses 0 0 Rent/facility costs Ω 57,904 Food and beverages 0 57,904 Direct Entertainment 0 0 0 Other direct expenses 0 12,600 12,600 (96,945)10 Net income summary Combine line 3, column (d), and line 10 11 18,414 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 37,316 37,316 7,075 7,075 Direct Expenses 2 Cash prizes 0 Non-cash prizes 0 Rent/facility costs 510 510 Other direct expenses ┌ Yes_____ ┌ Yes_____ **∀** Yes 100 % Volunteer labor No No 7,585 Direct expense summary Add lines 2 through 5 in column (d) 29,731 Net gaming income summary Combine lines 1 and 7 in column (d) Enter the state(s) in which the organization operates gaming activities OH Is the organization licensed to operate gaming activities in each of these states? If "No," explain we are a nonprofit school we do a cash raffle if you purchase a raffle ticket for \$100 you are entered into the drawing for \$10,000 10a

Does	s the organization operate gaming	activities with nonmembers?		· · Fyes FNo
12	Is the organization a grantor, bei	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gamıng?		Г _{Yes} Г _{No}
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a 100 %
b	An outside facility			13b 0 %
14	Enter the name and address of th	ne person who prepares the organization	on's gaming/special events books a	and records
	Name Rabbi Eli Dessler			
	Address 1860 south taylor cleveland heights,	road ,OH 44118		
L5a		ntract with a third party from whom the		F., F.,
h		ning revenue received by the organization		
b				a tne
		ed by the third party 🟲 \$		
С	If "Yes," enter name and address	s of the third party		
	Name 🕨			
	Address ►			
L6	Gaming manager information			
	Name r abbı eli dessler			
	Gaming manager compensation	▶ \$ 1,000		
	Description of services provided	the services are included in the fir year	nancıal dırector, rabbı elı dessler's	
	Director/officer	F Employee	Independent contractor	
L 7	Mandatory distributions			
	•	er state law to make charitable distribi	itions from the gaming proceeds to	
	retain the state gaming license?			
ь		required under state law distributed t		
_		activities during the tax year 🕨 🖇 0		
Pai	Supplemental Information columns (III) and (v), a	mation. Complete this part to prand Part III, lines 9, 9b, 10b, 15b, ditional information (see instruction	, 15c, 16, and 17b, as applicat	
	Identifier	Return Reference	Explana	tion
,		•		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493041010094

OMB No 1545-0047

Schedule I

(Form 990)

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

Open to Public Department of the Treasury Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number HEBREW ACADEMY OF CLEVELAND 34-0714428 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) tuition assistance	236	4,506,336	0		
Part IV Supplemental Informa	ation.			I	

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	, ,	detailed records by family are kept in our receivables system on how much subvention was awarded families submit a scholarship application when they register their children the tuition committee reviews each application individually the registrar keeps a tally of how much scholarship dollars are available

Schedule I (Form 990) 2012

Software ID: 12000197

Software Version: v1.00

EIN: 34-0714428

Name: HEBREW ACADEMY OF CLEVELAND

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Kollel2475 south green rd beachwood,OH 44118	26-0384487		36,750				support services
matan b sayser inc1928 janette ave cleveland heights, O H 44118	34-1577230		60,700				support services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
keren yehoshua v yısroel ınc 125 carey st lakewood,NJ 08701	22-3209160		8,000				support services
congregation tiferes avigdor po box 181487 cleveland hts,OH 44118	20-3865985		12,000				support services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
american friends of ohel moshe521 fifth ave new york,NY 10175	13-3300276		25,000				support services
congregation k hal yerim 1771 s taylor rd cleveland hts,OH 44118	34-1314156		28,000				support services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
achiezer community resource center inc148 beach 9th st ste 2c far rockaway, NY 11691	27-4592919		10,000				support services
rabbinical academy mesivta rabbi chaim berlin1585 coney island avenue brooklyn, NY 11230	11-2145827		15,000				support services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
jewish family experience 23980 chagrin blvd ste 100 beachwood, OH 44122	26-0839035		11,000				support services
kollel le mechanchim yad chaim mordechai2573 larchmont rd beachwood, OH 44122	34-1812782		9,100				support services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
torah life institute of cleveland3708 severn rd cleveland heights,OH 44118	34-1837292		14,000				support services
telshe alumnı gemilus chesed 3618 shannon rd cleveland heights, O H 44118	34-1837292		25,000				support services

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
the national society of hebrew day schools620 foster avenue brooklyn, NY 11230	34-1837292		18,600				support services

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493041010094

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

Open to Public Inspection

Internal Revenue Service Name of the organization

HEBREW ACADEMY OF CLEVELAND

► Attach to Form 990. ► See separate instructions. **Employer identification number**

34-0714428

Pa	rt I 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, 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			
	Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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		
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		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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 not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	· · · · · · · · · · · · · · · · · · ·	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	compensation	penents	(B)(ı)-(D)		
(1)Rabbı Elı Dessler Fınancıal Dırector	(i) (ii)	163,600 0	0 0	0	0 0	3,695 0	167,295 0	0 0	
(2)Rabbı Sımcha Dessler Educational Director	(i) (ii)	148,301 0	0 0	0	0	3,695 0	151,996 0	0 0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041010094

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

Name of the HEBREW ACADI	organization EMY OF CLEVELAND								er ident .4428	ification	numbe	r	
	cess Benefit T						rganız	ation	s only)		40b		
	ame of disqualified		Relations	hıp between d	lisqualified	(c) Descr					(d) Corr		
			person	and organiza	tion						Yes	No	
2 Enterth	e amount of tax in	urred by orga	ınızatıon m	anagers or dı	squalified per	sons during th	e year	under	section	<u>l</u> I			
4958 . 3 Enterth	e amount of tax, ıf	any, on line 2	 , above, re	mbursed by	 the organization	on			► \$ ► \$				
	Loans to and/o Complete if the org organization report	anızatıon ans ed an amount	wered "Yes on Form 9	" on Form 99		, line 38a, or F	orm 99	90, Pa	rt IV , lıı	ne 26, o	or if the		
(a) Name of interested person (b) Relationship (c) Pur of lo		(c) Purpose of loan			(e)O riginal principal amount	(f) Balance due	by		A ppro	(h) (i)Wri pproved agreen board or mmittee?			
			То	From			Yes	No	Yes	No	Yes	No	
1)Rabbi Simcha Dessler	Educational Director	housing loan		X	25,000	25,000		No	Yes		Yes		
											- -		
											_ _		
			<u> </u>								7		
otal	\	D	• Giasin n. 7	Ψ	D	25,000							
	Grants or Assisting to the complete of the com					rt IV. line 27	7.						
(a) Name of interested person (b) Relation interested		Relationship erested perso organizat	between n and the	(c) A mount of assistanc		e (d) Type of a		ssistance (e) Purp			ose of assistance		
						<u> </u>							
						_ _							

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
				1		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Cahadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization HEBREW ACADEMY OF CLEVELAND

Employer identification number

34-0714428

	ı	
ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Rabbi Simcha Dessler, Rabbi Eli Dessler and Reuven Dessler "family relationship"
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	our 990 is approved by the Board of Directors before the return is filed with the IRS
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each trustee, officer, committee member and employee in a position to influence or vote on School policy or expenditures ("Key Individual, collectively "Key Individuals") shall exercise good faith in all transactions relating to the School and shall not use his or her position of knowledge gained therefrom directly or indirectly, to permit a conflict to arise between the School interests and 1) such Key Individual's personal interest, 2) the personal interests of a spouse or other family member of the Key Individual (he "Family Members"), or 3) the interests of any corporation, partnership, proprietorship, firm, association or other entity in which a Key Individual or Family Member is a director, trustee, officer or is an employee with significant administrative responsibilities or in which such person has any financial interest (or if a publicly traded company, an ownership interest of at least 5%) as a shareholder, partner, owner or otherwise (collectively, "Related Entities") B. All acts of Key Individuals shall be undertaken for the benefit of the School with respect to transactions, activities or dealings related to School C. With respect to any proposed contract or other transaction (other than an allocation or grant to a beneficiary agency or other charitable organization made in further enhance of the School's exempt purposes) between the School and one or more Key Individuals, Family Members, or Related Entities, which is considered by the Board of Trustees, the officers, or any committee of the School, for authorization, approval or ratification, the following rules shall apply 1. Full disclosure of the relationship or interest shall be made by the Key Individual to the President of the School and the chairman of any committee acting on the contract or transaction prior to discussion or action on such contract or transaction). The contract or transaction or present and voting at such meeting and the Key Individual who has such a relationship or interest does not vote upon or use his or her personal in
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Each administrator and principal is approved by the executive board of directors. Each position is compared to similar positions in other Jewish day schools across the country and then the cost of living is taken into consideration. In 2010 a principal was hired. That was the last time this was done for an administrator. All of the other administrators have been here from between 10-25 years. The educational director has been here for 15 years and the financial director has been here for 21 years.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	upon request
F990_P11_S00_L09	Form 990, Part XI, Line 9	unfunded pension liability 1,098,205