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332001 10-29-13

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 private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990.

Open to Public

| A 1                     | or the              | 2013 calendar year, or tax year beginning                    | and                                     | enaing       |                      |                |                           |
|-------------------------|---------------------|--|---|--------------|----------------------|----------------|---------------------------|
| B                       | Check if applicable | C Name of organization                                       |   |              | D Employer id        | entification   | on number                 |
|                         | Address<br>change   | CITY OF CLEVELAND CABLE                                      | E TELEVISION                            |              |                      |                |                           |
|                         | Name<br>change      | Doing Business As  |   |              |                      | 4-183          | 2689                      |
|                         | initial<br>return   | Number and street (or P.O. box if mail is not deli           | vered to street address)                | Room/suite   | E Telephone n        | umber          |                           |
|                         | Termin-<br>ated     |  |   | 1300         |                      |                | 1-3810                    |
|                         | Amende              | City or town, state or province, country, and 2              | ZIP or foreign postal code              | •            | G Gross receipts \$  |                | 683,772.                  |
|                         | Applica             | CLEVELAND, OH 44115-20                                       |   |              | H(a) Is this a gr    | oup return     | <u> </u>                  |
|                         | pending             | F Name and address of principal officer: STEV                | VEN A MINTER                            |              | for subord           | •              | Yes X No                  |
|                         |                     | SAME AS C ABOVE  |   |              | H(b) Are all subord  | inates include | ed? Yes No                |
| $\overline{\Gamma}$     | Tax-exe             | mpt status: X 501(c)(3) 501(c) ( )                           |   | or 52        | 7 If "No," att       | ach a list.    | (see instructions)        |
|                         |                     | e: ► N/A   |   |              | H(c) Group exe       |                | •                         |
|                         |                     |  | ociation Other                          | L Yea        |                      |                | ate of legal domicile: OH |
|                         |                     | Summary  | · · ·                                   |              |                      |                | •                         |
| _                       | 1 E                 | Briefly describe the organization's mission or most          | significant activities: THE             | ORGAN        | IZATION I            | S ORG          | ANIZED                    |
| Activities & Governance | 7                   | AND OPERATED EXCLUSIVELY                                     | FOR THE BENEFIT                         | OF,          | AND TO CA            | RRY O          | UT THE                    |
| 'n                      | -                   |  | tinued its operations or dispo          |              |                      |                |                           |
| Š.                      | l l                 | Number of voting members of the governing body               | · ·                                     |              |                      | 3              | 9                         |
| Ğ                       |                     | Number of independent voting members of the gov              |   |              |                      | 4              | 9                         |
| တ္                      | 1                   | Total number of individuals employed in calendar y           | • |              |                      | 5              | 0                         |
| itie                    |                     | Total number of volunteers (estimate if necessary)           | <b>,</b>                                |              |                      | 6              | 8                         |
| ई                       |                     | Total unrelated business revenue from Part VIII, co          | umn (C), line 12                        |              |                      | 7a             | 0.                        |
| ⋖                       |                     | Net unrelated business taxable income from Form.             | · ·                                     |              |                      | 7b             | 0.                        |
| _                       | 1                   |  | : N = 10 : N : N                        |              | Prior Year           |                | Current Year              |
| ø                       | 8 0                 | Contributions and grants (Part VIII, line 1h)                |   |              |                      | 0.             | 0.                        |
| Revenue                 | 9 F                 | Program service revenue (Part VIII, line 2g)                 | NOV 3 P ages 121                        |              |                      | 0.             | 0.                        |
| eve                     | 10                  | nvestment income (Part VIII, column (A), lines 3, 4,         | انصا بيانك والاستا                      |              | 79,6                 | 91.            | 274,219.                  |
| ď                       | 11 (                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c;       | 1 (())                                  |              | <u>*</u>             | 0.             | 0.                        |
|                         |                     | Fotal revenue - add lines 8 through 11 (must equal           |   |              | 79,6                 | 91.            | 274,219.                  |
| _                       |                     | Grants and similar amounts paid (Part IX, column (           |   |              | 160,4                |                | 162,000.                  |
|                         |                     | Benefits paid to or for members (Part IX, column (A          |   |              |                      | 0.             | 0.                        |
| Ø                       | 1                   | Salaries, other compensation, employee benefits (F           | •                                       | · -          |                      | 0.             | 0.                        |
| Expenses                | 16a F               | Professional fundraising fees (Part IX, column (A), I        |   | <u> </u>     |                      | 0.             | 0.                        |
| ē                       | ь                   | Fotal fundraising expenses (Part IX, column (D), line        |   | 0.           |                      |                |                           |
| ũ                       | 17                  | Other expenses (Part IX, column (A), lines 11a-11d,          |   |              | 39,6                 | 43.            | 41,532.                   |
|                         |                     | Total expenses. Add lines 13-17 (must equal Part I)          |   |              | 200,0                | 93.            | 203,532.                  |
|                         |                     | Revenue less expenses. Subtract line 18 from line            |   | Ī            | -120,4               | 02.            | 70,687.                   |
| Net Assets or           | 3                   |  |   | E            | Beginning of Current | Year           | End of Year               |
| ets                     | 20 1                | Fotal assets (Part X, line 16)                               |   |              | 3,813,2              |                | 4,174,730.                |
| SE SE                   | 21                  | Fotal liabilities (Part X, line 26)                          | -                                       |              |                      | 0.             | 0.                        |
| E SE                    | 22 1                | Net assets or fund balances. Subtract line 21 from           | line 20                                 |              | 3,813,2              | 73.            | 4,174,730.                |
| P                       | art II              | Signature Block  |   |              |                      |                |                           |
| Und                     | der penal           | ties of perjury, I declare that I have examined this return, | including accompanying schedul          | es and state | ments, and to the be | st of my kn    | owledge and belief, it is |
|                         |                     | t, and complete. Declaration of preparer (other than office  |   |              |                      |                |                           |
|                         |                     | Elizabeth Honeral  |   |              | 11.                  | 13/1           | 7                         |
| Sig                     | ın İ                | Signature of officer   |   |              | Date                 | ,              |                           |
| He                      |                     | ELIZABETH HONOLD, TREA                                       | SURER                                   |              |                      |                |                           |
|                         |                     | Type or print name and title                                 |   |              |                      |                |                           |
|                         |                     | Print/Type preparer's name                                   | Preparer's signature                    |              | I I .                | heck           | PTIN                      |
| Pai                     | id                  |  |   |              | ıf<br>So             | elf-employed   |                           |
| Pre                     | parer               | Firm's name  |   |              | Firm's E             |                |                           |
| Use                     | e Only              | Firm's address   |   |              |                      |                |                           |
|                         |                     | •  |   |              | Phone r              | 10             |                           |
| Ma                      | y the IF            | RS discuss this return with the preparer shown abo           | ve? (see instructions)                  |              |                      |                | Yes X No                  |
|                         | 001 10-29           |  |   | tions.       |                      |                | Form <b>990</b> (2013)    |

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| orm | 990 (2013) CITY OF CLEVELAND CABLE TELEVISION 34-1832  | <u>689</u> | Р            | age 🤄          |
|-----|--|------------|--------------|----------------|
| ar  | t IV Checklist of Required Schedules   |            | T            |                |
|     |  |            | Yes          | No             |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  | ١.,        | x            |                |
| _   | If "Yes," complete Schedule A  | 1          | <u> </u>     | x              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors  | 2          | <del> </del> | ^              |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            | _          |              | x              |
|     | public office? If "Yes," complete Schedule C, Part I   | 3          | <del> </del> | <u> </u>       |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect           |            |              | x              |
| _   | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |              | ^              |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or               | ے ا        |              | x              |
| ^   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5          |              | -              |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                  |            |              | x              |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I               | 6          | -            | _              |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  | _ '        |              | x              |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7          | -            | ^              |
| B   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete               |            | İ            | x              |
| _   | Schedule D, Part III   | 8          |              |                |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for              |            |              | 1              |
|     | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?                  |            | ĺ            | x              |
| _   | If "Yes," complete Schedule D, Part IV   | 9          | -            |                |
| 0   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent              | 40         |              | x              |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         | <u> </u>     | <del>  ^</del> |
| 1   | 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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, |            | ŀ            | 1              |
| a   | Part VI  | 11a        |              | X              |
| h   | 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        | х            |                |
| 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        |              | x              |
| 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        | 1            | x              |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                      | 11e        |              | X              |
|     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                    |            |              |                |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                     | 11f        |              | X              |
| 2a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                        |            |              |                |
|     | Schedule D, Parts XI and XII   | 12a        |              | X              |
| 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        | X            |                |
| 3   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |              | X              |
| 4a  | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |              | X              |
| 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        |              | X              |
| 5   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                  | 1          |              | 1              |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |              | X              |
| 6   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                   |            |              |                |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         | ļ            | X              |
| 7   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                    |            |              |                |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17         | <u> </u>     | X              |
| 8   | 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         |              | X              |
| 9   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     |            |              |                |

Form **990** (2013)

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complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

34-1832689 CITY OF CLEVELAND CABLE TELEVISION Form 990 (2013) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X Schedule J. 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so. X 26 complete Schedule L, Part II 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

> X Form 990 (2013)

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

# Part V Statements Regarding Other IRS Filings and Tax Compliance

|        | Check if Schedule O contains a response or note to any line in this Part v   |                              |            |              | لـــا      |
|--------|--|------------------------------|------------|--------------|------------|
|        |  |                              |            | Yes          | No         |
| 1a     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1a 0                         | 4          |              |            |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b 0                         |            |              |            |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and re-   | eportable gaming             |            |              |            |
|        | (gambling) winnings to prize winners?  |                              | 1c         |              |            |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                              |            |              |            |
|        | filed for the calendar year ending with or within the year covered by this return  | 2a 0                         |            |              |            |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the control of the control  | ns?                          | 2b         |              |            |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | 3)                           |            |              |            |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                              | 3a         |              | X          |
|        | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule   |                              | 3b         |              |            |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other  |                              | i          |              |            |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial   | account)?                    | 4a         |              | X          |
| 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         |              | X          |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | iction?                      | 5b         |              | X          |
| C      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |                              | 5c_        |              |            |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | ne organization solicit      |            |              |            |
|        | any contributions that were not tax deductible as charitable contributions?  |                              | 6a         |              | X          |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribute   | ions or gifts                |            |              |            |
|        | were not tax deductible?   |                              | 6b         |              |            |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |                              | i _        |              | •          |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se   | vices provided to the payor? |            |              | X          |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |                              | 7b         | <b></b>      | ļ <u>-</u> |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w   | as required                  |            |              | Х          |
|        | to file Form 8282?   | ايوا                         | 7c         |              |            |
|        | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                           | ٠,         |              |            |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   |                              | 7e<br>7f   |              |            |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont  |                              |            |              |            |
| 9      | If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |                              | 7g<br>7h   |              |            |
| h      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D   |                              | <b>-</b> " |              |            |
| 8      | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at  |                              | 8          |              |            |
| 9      | Sponsoring organizations maintaining donor advised funds.  | any and daring me your       | <b>├</b>   |              |            |
|        | Did the organization make any taxable distributions under section 4966?  |                              | 9a         | i '          |            |
| a<br>b | Did the organization make a distribution to a donor, donor advisor, or related person?   |                              | 9b         |              |            |
| 10     | Section 501(c)(7) organizations. Enter:  |                              | <u> </u>   |              |            |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                          | 1          |              |            |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                          | 1          |              |            |
| 11     | Section 501(c)(12) organizations. Enter  |                              | 1          |              |            |
| а      | a de la companya de l | 11a                          |            |              |            |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |                              | 1          |              | İ          |
|        | amounts due or received from them.)  | 11b                          |            |              |            |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041?                        | 12a        | <u> </u>     |            |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b                          |            |              |            |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   | -                            |            |              |            |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   |                              | 13a        |              |            |
|        | Note. See the instructions for additional information the organization must report on Schedule O.  |                              |            |              |            |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   | 1 1                          |            |              |            |
|        | organization is licensed to issue qualified health plans   | 13b                          | 1          |              |            |
| С      | Enter the amount of reserves on hand   | 13c                          | 1          |              | <u> </u>   |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   |                              | 14a        |              | Х          |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu  | le O                         | 14b        | 1            | <u> </u>   |
|        |  |                              | Forn       | n <b>990</b> | (2013)     |

332005 10-29-13

CITY OF CLEVELAND CABLE TELEVISION 34-1832689 Form 990 (2013) Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI

| <u>Sec</u> | tion A. Governing Body and Management  |            |                     |          |              |    |
|------------|--|------------|---------------------|----------|--------------|----|
|            |  |            | _                   |          | Yes          | No |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year  | 1a         |                     | 2        |              | }  |
|            | 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.  |            | _                   | 1        |              | Ì  |
| b          | Enter the number of voting members included in line 1a, above, who are independent   | 1b         | <u> </u>            | <u>"</u> |              |    |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | p with a   | any other           |          |              |    |
|            | officer, director, trustee, or key employee?   |            |                     | 2        | Х            |    |
| 3          | Did the organization delegate control over management duties customarily performed by or under the   | e direc    | t supervision       |          |              | 1  |
|            | of officers, directors, or trustees, or key employees to a management company or other person?   |            |                     | 3        | L            | X  |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 9  | 990 wa     | s filed?            | 4        |              | Х  |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's ass   | sets?      |                     | 5        |              | Х  |
| 6          | Did the organization have members or stockholders?   |            |                     | 6        | Х            |    |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or a  | opoint (   | one or              |          |              | İ  |
|            | more members of the governing body?  |            |                     | 7a       | Х            |    |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  | tockho     | lders, or           |          |              |    |
|            | persons other than the governing body?   |            |                     | 7b       |              | X  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ar by the  | following:          |          |              |    |
| а          | The governing body?  |            |                     | 8a       | Х            |    |
| b          | Each committee with authority to act on behalf of the governing body?  |            |                     | 8b       |              | X  |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real   | iched a    | t the               |          |              |    |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |            |                     | 9        |              | X  |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal R  | evenue     | Code)               |          |              |    |
|            |  |            |                     |          | Yes          | No |
|            | Did the organization have local chapters, branches, or affiliates?   |            |                     | 10a      |              | X  |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such cl  | napters    | s, affiliates,      | ١        |              |    |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?  |            |                     | 10b      | <u> </u>     | X  |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing bod   | y befor    | e filing the form?  | 11a      |              |    |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |            |                     |          | <sub>v</sub> |    |
|            | Did the organization have a written conflict of interest policy? If "No," go to line 13  |            | linto?              | 12a      | X            |    |
|            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |            |                     | 12b      |              | -  |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y  | es, de     | scribe              | 40-      | x            |    |
| 40         | In Schedule O how this was done  |            |                     | 12c      | X            | -  |
| 13         | Did the organization have a written whistleblower policy?  |            |                     | 13       | X            | }  |
| 14         | Did the organization have a written document retention and destruction policy?   | مدينا ام   | don on dont         | 14       |              |    |
| 15         | Did the process for determining compensation of the following persons include a review and approve   |            | dependent           |          |              |    |
| _          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official   |            |                     | 15a      |              | x  |
|            | Other officers or key employees of the organization  |            |                     | 15b      |              | X  |
| U          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |            |                     | 130      | _            |    |
| 162        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangel  | ment w     | rth a               |          |              |    |
| .04        | taxable entity during the year?  | TICITE W   | шта                 | 16a      |              | х  |
| h          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate   | te its n   | articipation        | 100      |              |    |
| _          | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to organize the organization the organization to organize the organization the orga |            |                     |          |              | Ì  |
|            | exempt status with respect to such arrangements?   | · IIZatioi |                     | 16b      | 1            | 1  |
| Sec        | tion C. Disclosure   |            |                     | 100      |              |    |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶OH   |            |                     |          |              |    |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1   | (Secti     | on 501(c)(3)s only) | availah  | le           |    |
|            | for public inspection. Indicate how you made these available. Check all that apply.  | ,          | (-/(-/))            |          | -            |    |
|            | Own website X Another's website X Upon request Other (explain  | ın Sch     | edule O)            |          |              |    |
| 19         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, co   |            |                     | nd finai | ncial        |    |
|            | statements available to the public during the tax year.  |            |                     |          |              |    |
|            |  |            |                     |          |              |    |

ELIZABETH HONOLD - 216-861-3810

44115-2015 1422 EUCLID AVE., CLEVELAND, OH

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

Check if Schedule O contains a response or note to any line in this Part VII

 $\mathbf{x}$ 

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A)  | (B)  |                                |  | (0                               |                         |                              |          | (D)                                    | (E)                                  | (F)  |
|--|--|--------------------------------|--|----------------------------------|-------------------------|------------------------------|----------|--|--------------------------------------|--|
| Name and Title                               | Average<br>hours per<br>week   | box,<br>offic                  | not c<br>unle                                    | Posi<br>heck<br>ss per<br>id a d | ntion<br>more<br>rson i | than<br>is bot               | han      | Reportable<br>compensation<br>from     | Reportable compensation from related | Estimated<br>amount of<br>other  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | institutional trustee                            | Officer                          | Key employee            | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)     | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) STEVEN A. MINTER                         | 1.00   |                                |  |                                  |                         |                              |          |  | 0                                    | •  |
| PRESIDENT & TRUSTEE                          | 2 50   | Х                              |  |                                  | <u> </u>                |                              |          | 0.                                     | 0.                                   | 0.   |
| (2) YVONNE POINTER VICE PRESIDENT & TRUSTEE  | 0.50   | х                              |  |                                  |                         |                              |          | 0.                                     | 0.                                   | 0.   |
| (3) TERRELL PRUITT                           | 0.50   |                                | H  | $\vdash$                         |                         | -                            | _        |  |                                      |  |
| TRUSTEE                                      | 0.30   | x                              |  |                                  | 1                       |                              |          | 0.                                     | 0.                                   | 0.   |
| (4) MARIA L. HALLER                          | 0.50   |                                | _  | ┢╌                               | $\vdash$                |                              | <u> </u> |  |                                      |  |
| TRUSTEE                                      |  | x                              |  |                                  |                         |                              |          | 0.                                     | 0.                                   | 0.   |
| (5) KATHY ALLEN                              | 0.50   |                                |  |                                  |                         |                              |          |  |                                      |  |
| TRUSTEE                                      |  | X                              | l  |                                  |                         |                              |          | 0.                                     | 0.                                   | 0.   |
| (6) MIA L. MOORE                             | 0.50   |                                |  |                                  |                         |                              |          |  |                                      | _  |
| TRUSTEE                                      |  | X                              |  | ļ <u>-</u>                       |                         |                              |          | 0.                                     | 0.                                   | 0.   |
| (7) HILARY S. TAYLOR                         | 0.50   |                                |  |                                  |                         |                              |          |  |                                      |  |
| TRUSTEE                                      |  | X                              | L  | <u> </u>                         | Щ                       | <u> </u>                     | L        | 0.                                     | 0.                                   | 0.   |
| (8) ROBERT ECKARDT                           | 0.50   |                                |  |                                  |                         |                              |          |  | 055 145                              | F2 400   |
| TRUSTEE                                      | 1 2 5 2  | Х                              | _  | <u> </u>                         | <u> </u>                | ↓_                           | _        | 0.                                     | 257,145.                             | 53,482.  |
| (9) MARTIN SWEENEY TRUSTEE                   | 0.50   | x                              |  |                                  |                         |                              |          | 0.                                     | 0.                                   | 0.   |
| (10) NELSON BECKFORD (EFF 6/26/13) SECRETARY | 0.50   |                                |  | x                                |                         |                              |          | 0.                                     | 58,952.                              | 26,122.  |
| (11) ELIZABETH HONOLD                        | 0.50   |                                |  |                                  |                         |                              |          |  |                                      |  |
| TREASURER                                    |  | <u> </u>                       |  | X                                |                         | Ļ_                           |          | 0.                                     | 87,288.                              | 36,997.  |
|  | _  | ł                              |  |                                  |                         |                              |          |  |                                      |  |
|  |  |                                |  |                                  |                         |                              |          | -                                      |                                      |  |
|  |  | _                              |  |                                  |                         | $\vdash$                     | -        |  |                                      |  |
|  |  | $\vdash$                       | -  | -                                |                         | $\vdash$                     |          |  |                                      |  |
|  |  |                                |  |                                  | L.                      |                              |          |  |                                      |  |
|  |  | -                              |  |                                  |                         |                              |          |  |                                      |  |
| -  |  | ļ -                            | <del>                                     </del> |                                  |                         | T                            | $\vdash$ |  |                                      |  |
|  | <u> </u>   | <u> </u>                       |  | <u> </u>                         |                         | 1                            | 匚        | <u> </u>                               |                                      | Form <b>990</b> (2012)   |

Form 990 (2013)

|  |           |    | Check if Schedule O con                | tains a response        | or note to any lin   | e in this Part VIII |  |   |  |
|--|-----------|----|--|-------------------------|----------------------|---------------------|--|---|--|
|  | •         |    | ghisak ii eshicada e con               | a responde              | or note to unly in   | (A) Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512 - 514 |
| nts  | 1         | а  | Federated campaigns                    | 1a                      |                      |                     |  |   |  |
| e a  |           | b  | Membership dues                        | 1b                      | _                    |                     |  |   |  |
| A, C   |           | C  | Fundraising events                     | 1c                      |                      |                     |  |   |  |
| 텔  |           | d  | Related organizations                  | 1d                      |                      |                     |  |   |  |
| S,E  |           | е  | Government grants (contribu            | tions) 1e               |                      |                     |  |   |  |
| igu  |           | f  | All other contributions, gifts, grai   | nts, and                |                      |                     |  |   |  |
| 돌  |           |    | similar amounts not included abo       | ove <b>1f</b>           |                      |                     |  |   |  |
| 들임   |           | g  | Noncash contributions included in line | s 1a-1f \$              |                      |                     |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts |           | h_ | Total. Add lines 1a-1f                 |                         | <b>•</b>             |                     |  |   |  |
|  |           |    |  |                         | Business Code        |                     |  |   |  |
| Se   | 2         | а  |  |                         |                      |                     |  |   |  |
| E Z  |           | b  |  |                         |                      |                     |  |   |  |
| en.  |           | С  |  |                         |                      |                     |  |   | ļ  |
| Program Service<br>Revenue                             |           | d  |  |                         |                      |                     |  |   | ļ  |
| o lo   |           | е  |  |                         |                      |                     |  |   |  |
| •  |           | f  | All other program service rev          | enue                    |                      | <del> </del>        |  | <del></del>                             | ļ  |
|  |           | g  | Total. Add lines 2a-2f                 |                         |                      |                     |  |   | ļ  |
|  | 3         |    | Investment income (including           | dividends, intere       | est, and             | E0 255              |  |   | F0 3F7   |
|  |           |    | other similar amounts)                 |                         | <b>&gt;</b>          | 52,357.             |  |   | 52,357.  |
|  | 4         |    | Income from investment of ta           | exempt bond p           | proceeds >           |                     |  |   |  |
|  | 5         |    | Royalties                              |                         | <b>•</b>             |                     |  |   |  |
|  |           |    |  | (i) Real                | (ii) Personal        |                     |  |   |  |
|  | 6         |    | Gross rents                            |                         |                      |                     |  |   |  |
|  |           |    | Less rental expenses                   |                         |                      |                     |  |   |  |
|  |           |    | Rental income or (loss)                | L                       |                      |                     |  |   |  |
|  |           |    | Net rental income or (loss)            | (2.0                    | 63 Oth an            |                     |  |   |  |
|  | 7         | а  | Gross amount from sales of             | (i) Securities 631,415. | (II) Other           |                     |  |   |  |
|  |           |    | assets other than inventory            | 031,413.                |                      |                     |  |   |  |
|  |           | D  | Less cost or other basis               | 409,553.                |                      |                     |  |   |  |
|  |           | _  | and sales expenses                     | 221,862.                |                      |                     |  |   |  |
|  |           |    | Gain or (loss)                         | 221,002.                | <u> </u>             | 221,862.            |  |   | 221,862.   |
|  |           | d  | Net gain or (loss)                     | na ovente (not          |                      | ZZZ,GGZ             |  |   | ===,00=0   |
| Jue  | 0         | a  | Gross income from fundraising \$       | of                      |                      |                     |  |   |  |
| Other Reven  |           |    | contributions reported on line         | <del></del>             | <b>i</b>             |                     |  |   |  |
| Ŗ  |           |    | Part IV, line 18                       | a 10, 366               |                      |                     |  |   |  |
| the  |           | h  | Less direct expenses                   | b                       |                      |                     |  |   |  |
| Ò  |           |    | Net income or (loss) from fun          |                         | <b>•</b>             |                     |  |   | İ  |
|  |           |    | Gross income from gaming a             |                         |                      |                     |  |   |  |
|  |           | _  | Part IV, line 19                       | а                       |                      |                     |  |   |  |
|  |           | b  | Less: direct expenses                  | b                       |                      |                     |  |   |  |
|  |           |    | Net income or (loss) from gai          | ming activities         | <b>•</b>             |                     |  |   |  |
|  | 1         |    | Gross sales of inventory, less         | -                       |                      |                     |  |   |  |
|  |           |    | and allowances                         | . a                     |                      |                     |  |   |  |
|  |           | b  | Less cost of goods sold                | <b>b</b>                |                      |                     |  |   |  |
|  |           |    | Net income or (loss) from sal          |                         | <b>&gt;</b>          |                     | <u> </u>                               |   |  |
|  |           |    | Miscellaneous Reven                    |                         | <b>Business Code</b> |                     |  |   |  |
|  | 11        | а  |  | _                       |                      |                     |  |   |  |
|  |           | b  |  |                         |                      |                     |  |   |  |
|  |           | С  |  |                         |                      |                     |  |   |  |
|  |           | d  | All other revenue                      |                         |                      |                     |  |   |  |
|  |           | е  | Total. Add lines 11a-11d               |                         | <b></b>              |                     |  |   |  |
|  | 12        |    | Total revenue. See instructions.       |                         | <u> </u>             | 274,219.            | 0.                                     | _ 0                                     | <del></del>  |
| 33200<br>10-29   | 9<br>- 13 |    |  |                         |                      |                     |  |   | Form <b>990</b> (2013)                             |

| Section       | on 501(c)(3) and 501(c)(4) organizations must com   | plete all columns. All oth | er organizations must co     | mplete column (A)                   |                                |
|---------------|---|----------------------------|------------------------------|-------------------------------------|--------------------------------|
|               | Check if Schedule O contains a respon   |                            | this Part IX                 |                                     | X                              |
| Do r<br>7b, 8 | not include amounts reported on lines 6b,<br>Bb, 9b, and 10b of Part VIII.  | (A)<br>Total expenses      | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1             | Grants and other assistance to governments and  |                            |                              |                                     |                                |
|               | organizations in the United States. See Part IV, line 21  | 162,000.                   | 162,000.                     |                                     |                                |
| 2             | Grants and other assistance to individuals in   |                            |                              |                                     |                                |
|               | the United States See Part IV, line 22  |                            |                              |                                     |                                |
| 3             | Grants and other assistance to governments,   |                            |                              |                                     |                                |
|               | organizations, and individuals outside the  |                            |                              |                                     |                                |
|               | United States. See Part IV, lines 15 and 16   |                            |                              |                                     |                                |
| 4             | Benefits paid to or for members   |                            |                              |                                     |                                |
| 5             | Compensation of current officers, directors,  |                            |                              |                                     |                                |
|               | trustees, and key employees   |                            |                              |                                     |                                |
| 6             | Compensation not included above, to disqualified  |                            |                              |                                     |                                |
|               | persons (as defined under section 4958(f)(1)) and   |                            |                              |                                     |                                |
|               | persons described in section 4958(c)(3)(B)  |                            |                              |                                     |                                |
| 7             | Other salaries and wages  |                            |                              |                                     | <del></del>                    |
| 8             | Pension plan accruals and contributions (include  |                            |                              |                                     |                                |
|               | section 401(k) and 403(b) employer contributions)   |                            |                              |                                     |                                |
| 9             | Other employee benefits   |                            |                              |                                     | <del></del>                    |
| 10            | Payroll taxes   |                            |                              |                                     | <del></del>                    |
| 11            | Fees for services (non-employees)   | i                          |                              |                                     |                                |
| a             | Management  |                            |                              |                                     |                                |
| b             | Legal   |                            |                              | · <del>-</del>                      |                                |
| C             | Accounting  |                            |                              |                                     |                                |
| d             | Lobbying Professional fundraising services. See Part IV, line 17  |                            |                              |                                     |                                |
| •             |   | 13,972.                    |                              | 13,972.                             |                                |
| g             | Investment management fees Other (If line 11g amount exceeds 10% of line 25,  | 13,3720                    |                              | 23,3,20                             | <del></del>                    |
| 9             | column (A) amount, list line 11g expenses on Sch 0.)  |                            |                              |                                     |                                |
| 12            | Advertising and promotion   |                            |                              | · <del>-</del>                      |                                |
| 13            | Office expenses   |                            |                              |                                     |                                |
| 14            | Information technology  |                            |                              |                                     |                                |
| 15            | Royalties   |                            |                              | -                                   |                                |
| 16            | Occupancy   |                            |                              |                                     |                                |
| 17            | Travel  |                            |                              |                                     |                                |
| 18            | Payments of travel or entertainment expenses  |                            |                              |                                     |                                |
|               | for any federal, state, or local public officials   |                            |                              |                                     |                                |
| 19            | Conferences, conventions, and meetings  |                            |                              |                                     |                                |
| 20            | Interest  |                            |                              |                                     | <del></del>                    |
| 21            | Payments to affiliates  |                            |                              |                                     |                                |
| 22            | Depreciation, depletion, and amortization   |                            |                              |                                     |                                |
| 23            | Insurance   |                            |                              |                                     |                                |
| 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.) SEE SCHEDULE O   | 27,360.                    |                              | 27,360.                             |                                |
| a             | SEE SCHEDULE O  |                            |                              | 27,300.                             |                                |
| b             |   |                            |                              |                                     |                                |
| ر<br>د        |   |                            | <del></del>                  |                                     | <del></del>                    |
| d<br>e        | All other expenses  | 200.                       |                              | 200.                                |                                |
| 25            | Total functional expenses. Add lines 1 through 24e  | 203,532.                   | 162,000.                     | 41,532.                             | 0.                             |
| 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   |                          |     |                        |
|-----------------------------|-----|---|--------------------------|-----|------------------------|
|                             |     | Check if Schedule O contains a response or note to any line in this Part X        |                          |     |                        |
|                             |     |   | (A)<br>Beginning of year |     | (B)<br>End of year     |
|                             | 1   | Cash - non-interest-bearing   |                          | 1   |                        |
| 1                           | 2   | Savings and temporary cash investments  | 146,372.                 | _2  | 70,772.                |
|                             | 3   | Pledges and grants receivable, net  |                          | 3   |                        |
|                             | 4   | Accounts receivable, net  |                          | 4   |                        |
|                             | 5   | Loans and other receivables from current and former officers, directors,          |                          |     |                        |
|                             |     | trustees, key employees, and highest compensated employees. Complete              |                          |     |                        |
|                             |     | Part II of Schedule L   |                          | 5   |                        |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under     | er                       |     |                        |
|                             |     | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | ng                       |     |                        |
|                             |     | employers and sponsoring organizations of section 501(c)(9) voluntary             |                          |     |                        |
| 22                          |     | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                          | 6   |                        |
| Assets                      | 7   | Notes and loans receivable, net   |                          | 7   |                        |
| ۱ ۶                         | 8   | Inventories for sale or use   |                          | 8   |                        |
|                             | 9   | Prepaid expenses and deferred charges   |                          | 9   |                        |
|                             | 10a | Land, buildings, and equipment cost or other                                      |                          |     |                        |
| l                           |     | basis. Complete Part VI of Schedule D   |                          |     |                        |
|                             | b   | Less. accumulated depreciation 10b  |                          | 10c |                        |
| i                           | 11  | Investments - publicly traded securities  | 1,739,251.               | 11  | 2,114,325.             |
|                             | 12  | Investments - other securities. See Part IV, line 11                              | 1,927,650.               | 12  | 1,989,633.             |
|                             | 13  | Investments - program-related See Part IV, line 11                                |                          | 13  |                        |
|                             | 14  | Intangible assets   |                          | 14  |                        |
|                             | 15  | Other assets See Part IV, line 11   |                          | 15  |                        |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                         | 3,813,273.               | 16  | 4,174,730.             |
|                             | 17  | Accounts payable and accrued expenses   |                          | 17  |                        |
|                             | 18  | Grants payable  |                          | 18  |                        |
|                             | 19  | Deferred revenue  |                          | 19  |                        |
|                             | 20  | Tax-exempt bond liabilities   |                          | 20  |                        |
| 1                           | 21  | Escrow or custodial account liability Complete Part IV of Schedule D              |                          | 21  |                        |
| es                          | 22  | Loans and other payables to current and former officers, directors, trustees,     |                          |     |                        |
| <b>≅</b>                    |     | key employees, highest compensated employees, and disqualified persons            |                          |     |                        |
| Liabilities                 |     | Complete Part II of Schedule L  | <u> </u>                 | 22  |                        |
| -                           | 23  | Secured mortgages and notes payable to unrelated third parties                    |                          | 23  |                        |
| ŀ                           | 24  | Unsecured notes and loans payable to unrelated third parties                      |                          | 24  |                        |
|                             | 25  | Other liabilities (including federal income tax, payables to related third        |                          |     |                        |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X of   |                          |     |                        |
| 1                           |     | Schedule D  |                          | 25  | 0.                     |
| $\rightarrow$               | 26  | Total liabilities. Add lines 17 through 25  | 0.                       | 26  | 0.                     |
| 1                           |     | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  | 1                        |     |                        |
| Se                          |     | complete lines 27 through 29, and lines 33 and 34.                                |                          |     |                        |
| au                          | 27  | Unrestricted net assets   | 3,813,273.               | 27  | 4,174,730.             |
| Bal                         | 28  | Temporarily restricted net assets   | 3,613,273.               | 28  | 4,1/4,/30.             |
| Net Assets or Fund Balances | 29  | Permanently restricted net assets   | 1                        | 29  |                        |
| 호                           |     | Organizations that do not follow SFAS 117 (ASC 958), check here ▶                 |                          | 1   |                        |
| 20                          |     | and complete lines 30 through 34.   |                          |     |                        |
| set                         | 30  | Capital stock or trust principal, or current funds                                |                          | 30  |                        |
| As                          | 31  | Paid in or capital surplus, or land, building, or equipment fund                  |                          | 31  | <del> </del>           |
| ا <u>ق</u>                  | 32  | Retained earnings, endowment, accumulated income, or other funds                  | 3,813,273.               | 32  | 4,174,730.             |
| -                           | 33  | Total net assets or fund balances   | 3,813,273.               |     | 4,174,730.             |
|                             | 34  | Total liabilities and net assets/fund balances                                    | 3,013,413.               | 34  | Form <b>990</b> (2012) |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

## SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

34-1832689 CITY OF CLEVELAND CABLE TELEVISION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type i **b** Type II c Type III · Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section | in col. (i) lı | organization<br>sted in your<br>document? | organizat | u notify the<br>ion in col.<br>r support? | (vi) Is<br>organizatio<br>(i) organiz<br>U.S | the<br>on in col.<br>ed in the<br>.? | (vii) Amount of monetary support |
|------------------------------------|------------|---|----------------|---|-----------|---|--|--------------------------------------|----------------------------------|
|                                    |            | (see instructions))   | Yes            | No  | Yes       | No  | Yes  | No                                   |                                  |
| CLEVELAND<br>FOUNDATION            | 34-0714588 | 8   | х              |   | х         |   | х  |                                      | 162,000.                         |
|                                    |            |   |                |   |           |   |  |                                      |                                  |
|                                    |            |   |                |   | i .       |   |  |                                      |                                  |
|                                    | -          |   |                |   |           |   |  |                                      |                                  |
|                                    |            |   |                |   |           |   |  |                                      |                                  |
| Total 1                            |            |   |                |   |           |   |  |                                      | 162,000.                         |

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

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2013

11g(i)

11g(ii)

11g(iii)

X

332021 09-25-13

h

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

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

| Sec  | tion A. Public Support   |                    |                     |                       |                     |                     |                   |
|------|--|--------------------|---------------------|-----------------------|---------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2009           | <b>(b)</b> 2010     | (c) 2011              | (d) 2012            | (e) 2013            | (f) Total         |
| 1    | Gifts, grants, contributions, and  |                    |                     |                       |                     |                     |                   |
|      | membership fees received. (Do not  |                    |                     |                       |                     |                     |                   |
|      | include any "unusual grants.")   | <u> </u>           |                     | <u> </u>              | _                   |                     |                   |
| 2    | Tax revenues levied for the organ-   |                    |                     |                       |                     |                     |                   |
|      | ization's benefit and either paid to   |                    |                     |                       |                     |                     |                   |
| _    | or expended on its behalf  |                    |                     | <u> </u>              | -                   |                     |                   |
| 3    | The value of services or facilities  |                    | 1                   |                       |                     |                     |                   |
|      | furnished by a governmental unit to the organization without charge                  |                    | a H                 |                       |                     |                     |                   |
| 4    | Total. Add lines 1 through 3   |                    |                     | ·                     |                     |                     | -                 |
|      | The portion of total contributions   |                    | <del> </del>        |                       |                     | <del></del>         |                   |
| 5    | by each person (other than a   |                    |                     |                       |                     |                     |                   |
|      | governmental unit or publicly  |                    |                     |                       |                     |                     |                   |
|      | supported organization) included   |                    |                     |                       |                     | 1                   |                   |
|      | on line 1 that exceeds 2% of the   |                    | 1                   | 1                     |                     |                     |                   |
|      | amount shown on line 11,   |                    |                     |                       |                     |                     |                   |
|      | column (f)   |                    |                     |                       |                     |                     |                   |
| 6    | Public support. Subtract line 5 from line 4  |                    |                     |                       |                     |                     |                   |
| Sec  | tion B. Total Support  |                    |                     |                       |                     |                     |                   |
|      | ndar year (or fiscal year beginning in)  | (a) 2009           | <b>(b)</b> 2010     | (c) 2011              | (d) 2012            | (e) 2013            | (f) Total         |
| 7    | Amounts from line 4  |                    |                     |                       |                     |                     |                   |
| 8    | Gross income from interest,  |                    | 1                   |                       |                     |                     |                   |
|      | dividends, payments received on  |                    |                     |                       |                     |                     |                   |
|      | securities loans, rents, royalties   |                    |                     |                       |                     |                     |                   |
|      | and income from similar sources  |                    |                     | ļ                     |                     |                     |                   |
| 9    | Net income from unrelated business   |                    |                     |                       |                     |                     |                   |
|      | activities, whether or not the   |                    |                     |                       |                     |                     |                   |
|      | business is regularly carried on   |                    | <u> </u>            | <del> </del>          | <del>-</del>        | <del> </del>        |                   |
| 10   | Other income Do not include gain   |                    |                     |                       |                     |                     |                   |
|      | or loss from the sale of capital   |                    | 1                   |                       |                     |                     |                   |
|      | assets (Explain in Part IV.)   |                    | 1                   | +                     |                     |                     |                   |
|      | <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities. | oto (soo instruct  | lone)               | <u> </u>              | <u> </u>            | 12                  |                   |
|      | First five years. If the Form 990 is for   |                    |                     | ard fourth or fifth t | tay vear as a secti | <u> </u>            |                   |
| 13   | organization, check this box and sto   |                    | 3 mat, second, th   | ma, rourer, or merr   | iax year as a seen  | 0// 00 / (0)(0)     | ightharpoonup     |
| Sec  | ction C. Computation of Publ   | ic Support Pe      | ercentage           |                       | <del></del>         |                     |                   |
|      | Public support percentage for 2013 (   |                    |                     | column (f))           |                     | 14                  | %                 |
| 15   | Public support percentage from 2012  | 2 Schedule A, Par  | t II, line 14       |                       |                     | 15                  | . %               |
| 16a  | 33 1/3% support test - 2013. If the  | organization did n | ot check the box    | on line 13, and line  | e 14 is 33 1/3% or  | more, check this b  | ox and            |
|      | stop here. The organization qualifies  | as a publicly supp | ported organization | on                    |                     |                     | <b>▶</b> L!       |
| b    | 33 1/3% support test - 2012. If the  | organization did n | ot check a box or   | n line 13 or 16a, an  | d line 15 is 33 1/3 | % or more, check t  | his box           |
|      | and stop here. The organization qua  |                    |                     |                       |                     |                     |                   |
| 17a  | 10% -facts-and-circumstances tes   |                    |                     |                       |                     |                     |                   |
|      | and if the organization meets the "fac   |                    |                     |                       |                     | art IV how the orga | nization          |
|      | meets the "facts-and-circumstances"  |                    |                     |                       |                     |                     | <b>▶</b> ∟        |
| t    | 10% -facts-and-circumstances tes   |                    |                     |                       |                     |                     |                   |
|      | more, and if the organization meets t  |                    |                     |                       |                     |                     | e                 |
|      | organization meets the "facts-and-cir  |                    |                     |                       |                     |                     | <b>&gt;</b>  -    |
| 18   | Private foundation. If the organization  | on did not check a | box on line 13, 1   | 6a, 16b, 17a, or 17   |                     |                     |                   |
|      |  |                    |                     |                       | Sch                 | nedule A (Form 990  | J or 990-EZ) 2013 |

(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 b<br>Section A. Public Support                               | elow, please com   | plete Part II.)                                  |                      |  |                      | ·           |
|---|--------------------|--|----------------------|--|----------------------|-------------|
| Calendar year (or fiscal year beginning in)   | (a) 2000           | (b) 2010   | (a) 2011             | (d) 2012   | (e) 2013             | (f) Total   |
|   | (a) 2009           | <b>(b)</b> 2010                                  | (c) 2011             | (u) 2012   | (6) 2010             | (i) iotai   |
| <ol> <li>Gifts, grants, contributions, and<br/>membership fees received. (Do not</li> </ol> |                    |  |                      |  |                      |             |
| include any "unusual grants.")  |                    |  |                      |  | 1                    |             |
|   |                    | -  |                      | <del>                                     </del> |                      | <del></del> |
| 2 Gross receipts from admissions, merchandise sold or services per-                         |                    |  |                      | 1  |                      |             |
| formed, or facilities furnished in  |                    |  | İ                    |  |                      |             |
| any activity that is related to the   |                    |  |                      |  |                      |             |
| organization's tax-exempt purpose  3 Gross receipts from activities that                    |                    |  |                      | <del>                                     </del> | -                    |             |
| are not an unrelated trade or bus-  |                    |  |                      |  |                      |             |
| iness under section 513   |                    |  |                      |  |                      |             |
|   |                    |  |                      | <del> </del>                                     |                      | ·           |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to                |                    |  |                      |  |                      |             |
| or expended on its behalf   |                    |  |                      |  |                      |             |
| 5 The value of services or facilities   |                    |  |                      |  | -                    |             |
| furnished by a governmental unit to   |                    |  |                      |  |                      |             |
| the organization without charge   |                    |  |                      |  |                      |             |
| 6 Total. Add lines 1 through 5  | · · ·              |  |                      |  |                      |             |
| 7a Amounts included on lines 1, 2, and  |                    |  |                      |  |                      |             |
| 3 received from disqualified persons  |                    |  |                      |  |                      |             |
| h Amounts included on lines 2 and 3 received  | <u> </u>           | <del>                                     </del> |                      | <del></del>                                      |                      | -           |
| from other than disqualified persons that   |                    |  |                      |  |                      |             |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                   | ]                  |  |                      |  |                      |             |
| c Add lines 7a and 7b   |                    |  |                      | <del>†                                    </del> |                      |             |
| 8 Public support (Subtract line 7c from line 6.)  |                    |  |                      |  |                      |             |
| Section B. Total Support  | <u>,</u>           |  | <u> </u>             |  |                      |             |
| Calendar year (or fiscal year beginning in)   | (a) 2009           | <b>(b)</b> 2010                                  | (c) 2011             | (d) 2012   | (e) 2013             | (f) Total   |
| 9 Amounts from line 6   |                    |  |                      |  |                      |             |
| 10a Gross income from interest,   | -                  |  |                      |  |                      |             |
| dividends, payments received on   |                    |  |                      |  |                      |             |
| securities loans, rents, royalties<br>and income from similar sources                       |                    |  |                      |  |                      |             |
| <b>b</b> Unrelated business taxable income  |                    |  |                      |  |                      |             |
| (less section 511 taxes) from businesses  |                    |  |                      |  |                      |             |
| acquired after June 30, 1975  |                    |  |                      |  |                      |             |
| c Add lines 10a and 10b   |                    |  |                      |  |                      |             |
| 11 Net income from unrelated business   |                    |  |                      |  |                      |             |
| activities not included in line 10b, whether or not the business is                         |                    |  |                      |  |                      |             |
| regularly 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)  |                    |  |                      |  |                      |             |
| 14 First five years. If the Form 990 is for   | r the organization | 's first, second, thi                            | rd, fourth, or fifth | tax year as a section                            | on 501(c)(3) organiz | zation,     |
| check this box and stop here  |                    |  |                      |  |                      |             |
| Section C. Computation of Pub   | lic Support Pe     | ercentage  |                      |  |                      |             |
| <b>15</b> Public support percentage for 2013  |                    |  | column (f))          |  | 15                   | <u>%</u>    |
| 16 Public support percentage from 201   |                    |  |                      |  | 16                   | <u>%</u>    |
| Section D. Computation of Inve  |                    |  |                      | _  | 11                   |             |
| 17 Investment income percentage for 2   |                    |  | ne 13, column (f))   |  | 17                   | <u>%</u>    |
| 18 Investment income percentage from  |                    |  |                      |  | 18                   | <u>%</u>    |
| 19a 33 1/3% support tests - 2013. If the  |                    |  |                      |  |                      | 1 / is not  |
| more than 33 1/3%, check this box a   |                    |  |                      |  |                      | . ▶□        |
| b 33 1/3% support tests - 2012. If the  |                    |  |                      |  |                      |             |
| line 18 is not more than 33 1/3%, ch  |                    |  |                      |  |                      |             |
| 20 Private foundation. If the organization  | on did not check a | a box on line 14, 19                             | 9a, or 19b, check    | this box and see in                              | structions           |             |

|   | Form 990 or 990-EZ) 2013  Supplemental Information  Also complete this part fo |             | rmation (See instru | ctions)      |              |              |
|---|--|-------------|---------------------|--------------|--------------|--------------|
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

| Par | t I Organizations Maintaining Donor Advise                               | d Funds or Other Similar Fund              | s or Accounts.Complete if the                  |
|-----|--|--|--|
|     | organization answered "Yes" to Form 990, Part IV, line                   | 6  |  |
|     |  | (a) Donor advised funds                    | (b) Funds and other accounts                   |
| 1   | Total number at end of year  |  |  |
| 2   | Aggregate contributions to (during year)                                 |  |  |
| 3   | Aggregate grants from (during year)                                      |  |  |
| 4   | Aggregate value at end of year   |  |  |
| 5   | Did the organization inform all donors and donor advisors in v           | vriting that the assets held in donor advi | sed funds                                      |
|     | are the organization's property, subject to the organization's           |  | Yes No   |
| 6   | Did the organization inform all grantees, donors, and donor ad           |  | e used only                                    |
|     | for charitable purposes and not for the benefit of the donor of          |  |  |
|     | impermissible private benefit?   |  | Yes No   |
| Par |  | anization answered "Yes" to Form 990,      | Part IV, line 7                                |
| 1   | Purpose(s) of conservation easements held by the organization            | on (check all that apply)                  |  |
|     | Preservation of land for public use (e.g., recreation or en              | ducation) Preservation of an hi            | storically important land area                 |
|     | Protection of natural habitat  | Preservation of a cer                      | rtified historic structure                     |
|     | Preservation of open space   |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualifi          | ed conservation contribution in the form   | of a conservation easement on the last         |
|     | day of the tax year  |  |  |
|     |  |  | Held at the End of the Tax Year                |
| а   | Total number of conservation easements                                   |  | 2a   |
| b   | Total acreage restricted by conservation easements                       |  | 2b   |
| С   | Number of conservation easements on a certified historic stru            |  | 2c   |
| d   | Number of conservation easements included in (c) acquired a              | after 8/17/06, and not on a historic struc | ture   |
|     | listed in the National Register  |  | 2d   |
| 3   | Number of conservation easements modified, transferred, rel              | eased, extinguished, or terminated by th   | ne organization during the tax                 |
|     | year ▶   |  |  |
| 4   | Number of states where property subject to conservation eas              | sement is located                          |  |
| 5   | Does the organization have a written policy regarding the per            | odic monitoring, inspection, handling of   |  |
|     | violations, and enforcement of the conservation easements it             |  | └ Yes └ No                                     |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,             |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and               |  |  |
| 8   | Does each conservation easement reported on line 2(d) above              | e satisfy the requirements of section 17   |  |
| _   | and section 170(h)(4)(B)(ii)?  |  | └ Yes └ No                                     |
| 9   | In Part XIII, describe how the organization reports conservation         |  |  |
|     | include, if applicable, the text of the footnote to the organization     | tion's financial statements that describes | s the organization's accounting for            |
| Dai | conservation easements  † III   Organizations Maintaining Collections of | f Art Historical Treasures or (            | Other Similar Assets                           |
| Га  | Complete if the organization answered "Yes" to Form                      |  | ottici ottiilai Addeta.                        |
|     | If the organization elected, as permitted under SFAS 116 (AS             |  | ement and halance shoot works of art           |
| ıa  | historical treasures, or other similar assets held for public exh        |  |  |
|     | the text of the footnote to its financial statements that descri         |  | ance of public service, provide, in rait XIII, |
| h   | If the organization elected, as permitted under SFAS 116 (AS             |  | nt and halance sheet works of art, historical  |
| D   | treasures, or other similar assets held for public exhibition, ed        |  |  |
|     | relating to these items:   | ducation, or research in furtherance of p  | ublic service, provide the following amounts   |
|     | (i) Revenues included in Form 990, Part VIII, line 1                     |  | <b>•</b> •                                     |
|     | (ii) Assets included in Form 990, Part X                                 |  | <b>\$</b>                                      |
| 2   | If the organization received or held works of art, historical tre        | asures, or other similar assets for financ | ial gain provide                               |
| 2   | the following amounts required to be reported under SFAS 1               |  | gan, p. 01.00                                  |
| а   | Revenues included in Form 990, Part VIII, line 1                         |  | <b>▶</b> \$                                    |
| h   | Assets included in Form 990, Part X                                      |  | • • • • • • • • • • • • • • • • • • •          |
|     | . See to morado mir omi oco, i ait A                                     |  | F *  |

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

Schedule D (Form 990) 2013

|             |  | CLEVELAND              |                 |            |                       |            |                 | <u>32689</u>        |          |
|-------------|--|------------------------|-----------------|------------|-----------------------|------------|-----------------|---------------------|----------|
| Par         | t III Organizations Maintaining C  | collections of A       | rt, Histori     | cal Tre    | easures, or Oth       | er Sir     | nilar Asse      | <b>ts</b> (continue | ed)      |
| 3           | Using the organization's acquisition, accessi  | on, and other record   | ls, check an    | of the     | following that are a  | signific   | ant use of its  | collection i        | tems     |
|             | (check all that apply):  |                        |                 |            |                       |            |                 |                     |          |
| а           | Public exhibition  | d                      | I Loar          | or exch    | nange programs        |            |                 |                     |          |
| b           | Scholarly research   | е                      | U Othe          | er         |                       |            |                 |                     |          |
| C           | Preservation for future generations  |                        |                 |            |                       |            |                 |                     |          |
| 4           | Provide a description of the organization's co   | ollections and explai  | n how they f    | urther th  | ne organization's ex  | empt p     | urpose in Par   | t XIII              |          |
| 5           | During the year, did the organization solicit of   | r receive donations    | of art, histori | cal treas  | sures, or other simil | ar asse    | :s              | _                   |          |
|             | to be sold to raise funds rather than to be ma   | aintained as part of t | he organizat    | ion's co   | llection?             |            |                 | Yes                 | No       |
| Par         | t IV   | gements. Comple        | ete if the org  | anızatıor  | n answered "Yes" to   | Form       | 990, Part IV, I | ıne 9, or           |          |
|             | reported an amount on Form 990, Pa   | rt X, line 21.         |                 |            |                       |            |                 |                     |          |
| 1a          | Is the organization an agent, trustee, custod  | ian or other intermed  | diary for conf  | ribution   | s or other assets no  | ot includ  | led             | _                   |          |
|             | on Form 990, Part X?   |                        |                 |            |                       |            |                 | Yes                 | No       |
| b           | If "Yes," explain the arrangement in Part XIII   | and complete the fo    | llowing table   | ):         |                       | _          |                 |                     |          |
|             |  |                        |                 |            |                       | L          |                 | Amount              |          |
| ¢           | Beginning balance  |                        |                 |            |                       | _ [_1      | С               |                     |          |
| q           | Additions during the year  |                        |                 |            |                       | 1          | d               |                     |          |
| е           | Distributions during the year  |                        |                 |            |                       |            | е               |                     |          |
| f           | Ending balance   |                        |                 |            |                       |            | f               |                     |          |
| <b>2</b> a  | Did the organization include an amount on F  | orm 990, Part X, line  | 21?             |            |                       |            |                 | Yes                 | Щ No     |
|             | If "Yes," explain the arrangement in Part XIII   |                        |                 |            |                       |            |                 |                     |          |
| Par         | t V   Endowment Funds. Complete  | f the organization an  | swered "Ye      | s" to For  |                       |            |                 |                     |          |
|             |  | (a) Current year       | (b) Prior       | year       | (c) Two years back    | (d) Th     | ee years back   | (e) Four ye         | ars back |
| 1a          | Beginning of year balance  |                        |                 |            |                       | <u> </u>   |                 |                     |          |
| Ь           | Contributions  |                        |                 |            |                       | <u> </u>   |                 |                     |          |
| c           | Net investment earnings, gains, and losses   |                        |                 |            |                       | <u> </u>   |                 |                     |          |
| q           | Grants or scholarships   |                        |                 |            |                       | ļ          |                 |                     |          |
| е           | Other expenditures for facilities  |                        |                 |            |                       |            |                 |                     |          |
|             | and programs   |                        |                 |            |                       | <b>├</b>   |                 |                     |          |
| f           | Administrative expenses  |                        |                 |            |                       | <u> </u>   |                 |                     |          |
| _           | End of year balance  | <u></u>                |                 |            |                       | <u> </u>   |                 |                     |          |
|             | Provide the estimated percentage of the cur  | rent year end baland   | _               | olumn (a   | )) held as:           |            |                 |                     |          |
|             | Board designated or quasi-endowment  | <del></del>            | _%              |            |                       |            |                 |                     |          |
|             | Permanent endowment  | %                      |                 |            |                       |            |                 |                     |          |
| C           | Temporarily restricted endowment   | %                      |                 |            |                       |            |                 |                     |          |
| _           | The percentages in lines 2a, 2b, and 2c should be should |                        |                 |            |                       |            | _               |                     |          |
| За          | Are there endowment funds not in the posse   | ession of the organiz  | ation that ar   | e held a   | nd administered for   | the org    | anization       | F37                 |          |
|             | by:  |                        |                 |            |                       |            |                 |                     | es No    |
|             | (i) unrelated organizations  |                        |                 |            |                       |            |                 | 3a(i)               |          |
|             | (ii) related organizations   | - lotod !              | m Cahadal-      | מם         |                       |            |                 | 3a(ii)              | +-       |
| _           | If "Yes" to 3a(ii), are the related organization   |                        |                 |            |                       |            |                 | 3b                  |          |
| Da.         | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm   |                        | owment tunc     | is         |                       |            | •               |                     |          |
| <u>. aı</u> | Complete if the organization answere   |                        | ) Part IV line  | 11a C      | ee Form QQA Dart V    | ( line 1/  | 1               |                     |          |
|             | Description of property  | (a) Cost or o          |                 |            | -                     | Accumi     |                 | (d) Book v          | value.   |
|             | Description of property  | basis (investr         |                 | basis (    | 1 ' '                 | eprecia    |                 | (u) BOOK (          | alue     |
| 1-          | Land   | 2200 (114030           |                 |            | <u>, u</u>            | _ p / 00/d |                 | <del></del>         |          |
|             | Land<br>Buildings  |                        |                 |            |                       |            |                 |                     |          |
|             | Leasehold improvements   | <del></del>            |                 |            |                       |            |                 |                     |          |
|             | Equipment  |                        |                 |            |                       |            |                 | <u></u> -           |          |
|             | Other  |                        |                 |            |                       |            |                 |                     |          |
| _           | . Add lines 1a through 1e (Column (d) must e   | egual Form 990, Part   | X. column (i    | 3). line 1 | 0(c) )                |            |                 |                     | 0.       |

Schedule D (Form 990) 2013

| <u>1</u> | (a) Description of liability                               | (b) Book value |
|----------|--|----------------|
| (1)      | Federal income taxes                                       |                |
| (2)      |  |                |
| (3)      |  |                |
| (4)      |  |                |
| (5)      |  |                |
| (6)      |  |                |
| (7)      |  |                |
| (8)      |  |                |
| (9)      |  |                |
| Total.   | (Column (b) must equal Form 990, Part X, col. (B) line 25) |                |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Schedule D (Form 990) CITY OF CLEVE

Part XIII Supplemental Information (continued)

| (b) Book value 41,292. 107,904. | (c) Method of valuation. Cost or end-of-year market value   |
|---------------------------------|---|
| 107,904.                        |   |
|                                 | ****  |
| 34,520.                         | FMV   |
|                                 | FMV   |
| 128,676.                        | FMV   |
| 70,787.                         | FMV   |
| 111,917.                        | FMV   |
| 75,871.                         | FMV   |
| 46,907.                         | FMV   |
| 63,065.                         | FMV   |
| 17,860.                         | FMV   |
| 33,549.                         | FMV   |
| 60,336.                         | FMV   |
| 98,861.                         | FMV   |
| 47,997.                         | FMV   |
| 4,081.                          | FMV   |
| 61,579.                         | FMV   |
| 136,733.                        | FMV   |
| 90,482.                         | FMV   |
| 209,132.                        | FMV   |
|                                 |   |
|                                 |   |
| ·                               |   |
| <del></del>                     |   |
|                                 |   |
|                                 |   |
|                                 |   |
|                                 | 70,787.  111,917.  75,871.  46,907.  63,065.  17,860.  33,549.  60,336.  98,861.  47,997.  4,081.  61,579.  136,733.  90,482. |

**SCHEDULE 1** (Form 990) Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

2 [] RIVING THE DIGITAL MEDIA 34-1832689 IISPANIC CLASSICAL MUSIC DVDS IT'S YOUR MOVE" VIDEO EXPANSION OF CULTURAL ARKARTS SOCIAL MEDIA TEHICLE FOR PROMOTING (h) Purpose of grant IGITALLY MASTERED RTS AND EDUCATION or assistance ARK PROGRAMMING X Yes THICLE PROJECT F TWO MUSICAL 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 ASTERPIECES ROGRAMS ROJECT ROJECT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 。 ö ö Ö. ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 500. 000 000 000 9 15,000 20,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7 15, 15, CABLE TELEVISION (c) IRC section if applicable C 3 ი ე ი ე 501 C 3 501 C 3 501 C 3 Enter total number of other organizations listed in the line 1 table 501 501 **5**01 34-1212421 CLEVELAND 27-2319077 34-1517684 34-1512811 30-0158702 34-1856594 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? CLEVELAND CLASSICAL GUITAR SOCIETY 1 (a) Name and address of organization CITY OF ALCOHOLISM & DRUG ABUSE OUTREACH SUITE 200 PROGRAM - 1215 EAST 79TH STREET POLUKE CULTURAL ARTS CENTER INC. DUFFY LITURGICAL DANCE ENSEMBLE 13125 SHAKER SQUARE, SUITE 102 CLEVELAND, OH 44101-5046 GROUNDWORKS DANCETHEATER CLEVELAND URBAN MINORITY or government 1939 WEST 25TH STREET, 1919 EAST 107TH STREET CLEVELAND, OH 44103 CLEVELAND, OH 44106 CLEVELAND, OH 44120 CLEVELAND, OH 44113 CLEVELAND, OH 44119 Name of the organization LAND STUDIO INC. P.O. BOX 93046 PO BOX 19162 Part Part II N

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Schedule I (Form 990) (2013)

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Page 1

|                                    | Organizations in the United States (Schedule I (Form 990), Part II.) |
|------------------------------------|--|
| TELEVISION                         | and Organizations in   |
| CABLE '                            | vernments  |
| CITY OF CLEVELAND CABLE TELEVISION | er Assistance to Go  |
| O<br>된                             | a Oth  |
| CILY                               | tion of Grants and Oth   |
| le I (Form 990)                    | Continuation   |
| Schedul                            | Part II  |

| (a) Name and address of family and address of cash grant or government family (b) EIN (c) IRC section (d) Amount of cash grant or government family (e) Amount of cash grant cash grant assistance (book, FMV, appraisal, other) | (b) EIN    | (c) IRC section<br>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  |
|--|------------|----------------------------------|--------------------------|-----------------------------------|---|--|---|
| NEIGHBORHOOD PROGRESS INC. DBA<br>CLEVELAND NEIGHBORHOOD PROGRESS -<br>11327 SHAKER BLVD, SUITE 500W -<br>CLEVELAND, OH 44104  | 34-1611055 | 501 C 3                          | 25,000.                  | 0                                 |   |  | LIVECLEVELAND! SOUTHEAST<br>NEIGHBORHOOD PROJECT  |
| ORGANIZATION OF CHINESE AMERICANS<br>INC 1265 WEST 106 STREET, SUITE<br>#1 - CLEVELAND, OH 44102   | 52-1306697 | 501 C 3                          | 5,000.                   | .0                                |   |  | PRODUCTION OF TEN<br>EPISODES OF PROGRAMMING  |
| PROGRESSIVE ARTS ALLIANCE, INC.<br>3311 PERKINS AVENUE, SUITE 300<br>CLEVELAND, OH 44114   | 01-0573988 | 501 C 3                          | 16,000.                  | .0                                |   |  | STEM MEDIA ARTS<br>RESIDENCIES PROGRAM  |
| RAINEY INSTITUTE<br>1705 E, 55TH STREET<br>CLEVELAND, OH 44103   | 34-6555952 | 501 C 3                          | 7,500.                   | 0                                 |   |  | VIDEO PRODUCTION SKILLS<br>PROJECT  |
| SUITE 1300 SERVICES, INC. 1422 EUCLID AVENUE, SUITE 1300 CLEVELAND, OH 44115-2001  | 30-0096415 | 501 C 3                          | 10,000.                  | 0.                                | :   |  | NEIGHBORHOOD CONNECTIONS - GREATER UNIVERSITY CIRCLE RESIDENTS DOCUMENTARY                      |
| TREMONT WEST DEVELOPMENT CORPORATION - 2406 PROFESSOR AVENUE - CLEVELAND, OH 44113   | 23-7029247 | 501 C 3                          | 5,000.                   | 0.                                |   |  | SOCIAL MEDIA PLAN TO<br>PROMOTE PARMER'S MARKET,<br>ARTS IN AUGUST AND<br>TREMONT CULTURAL PEST |
| WEST SIDE COMMUNITY HOUSE<br>9300 LORAIN AVENUE<br>CLEVELAND, OH 44102   | 34-0714820 | 501 C 3                          | 13,000.                  | 0.                                |   |  | SUMMER OF SISTERHOOD 2013<br>ARTS PROJECT   |
|  |            |                                  |                          |                                   |   |  |   |
|  |            |                                  |                          |                                   |   |  |   |
|  |            |                                  |                          |                                   | :   |  | Schedule I (Form 990)   |

CITY OF CLEVELAND CABLE TELEVISION

Page 2

34-1832689

Schedule I (Form 990) (2013) CITY OF CLEVELAND CABLE 'I'ELEVISION

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

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

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

| (a) Type of grant or assistance   | (b) Number of recipients    | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance                                       | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|-----------------------------|--------------------------|---|---|--|
|   |                             |                          |   |   |  |
|   |                             |                          |   |   |  |
|   |                             |                          |   |   |  |
|   |                             |                          |   |   |  |
|   |                             |                          |   |   |  |
| Part IV   Supplemental Information. Provide the information required in | l<br>juired in Part I, line | e 2, Part III, column    | Part I, line 2, Part III, column (b), and any other additional information. | dditional information.                                |  |
| FORM 990, SCHEDULE I, PART I  |                             |                          |   |   |  |
| THE FUND REQUIRES GRANT RECIPIENTS                                      | TO SUBMIT                   | IT SCHEDULED             | ED  |   |  |
| NARRATIVE AND FINANCIAL PROGRESS R                                      | REPORTS ON                  | N ACTIVITY               | ON ACTIVITY RELATED TO THE  | о тне   |  |
| GRANT ON THE FUND'S GRANT REPORTING                                     | IG FORMS,                   | AS SCHEDULED             | LED IN THEIR  | IR GRANT  |  |
| AWARD LETTER. GRANT REPORTS ARE AN                                      |                             | INTEGRAL PART OF         | OUR MONITORING  | RING AND  |  |
| EVALUATION PROCESS. THE REPORTS ARE                                     | E REVIEWED                  | ED BY THE                | CLEVELAND   |   |  |
| FOUNDATION STAFF WHO FOLLOW-UP WITH                                     | THE                         | FUND'S DIRECTORS         | H   | THERE ARE   |  |
| QUESTIONS OR ISSUES IDENTIFIED BY                                       | THIS                        | REVIEW. WE HAVE          | FOUND   | THESE   |  |
| FORMS SERVE AS A VALUABLE LEARNING                                      | TOOL FOR                    | THE                      | CLEVELAND FOUNDATION  | DATION  |  |
| -13   |                             | 24                       |   |   | Schedule I (Form 990) (2013)           |

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Compensation Information**

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

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

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection
Employer identification number

CITY OF CLEVELAND CABLE TELEVISION

Part I | Questions Regarding Compensation

34-1832689

|    | <del></del>   |    | 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 indemnification and gross-up payments  Health or social club dues or initiation fees                                  |    |     |    |
|    | Discretionary spending account Personal services (e.g , maid, chauffeur, chef)  |    |     |    |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |    |     |    |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b |     |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |    |     |    |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?                     | 2  |     |    |
|    |   |    |     |    |
| 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 |     | X  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                     | 4b |     | Х  |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |     | X  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |    |     |    |
|    | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.   |    |     |    |
| 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 |     | X  |
| b  | Any related organization?   | 5b |     | Х  |
|    | If "Yes" to line 5a or 5b, describe in Part III.  |    |     |    |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         | İ  |     |    |
|    | contingent on the net earnings of:  |    |     |    |
| а  | The organization?   | 6a |     | Х  |
| b  | Any related organization?   | 6b |     | Х  |
|    | If "Yes" to line 6a or 6b, describe in Part III.  |    |     |    |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments         | 1  |     |    |
|    | not described in lines 5 and 6? If "Yes," describe in Part III  | 7  |     | X  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |    |     |    |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III               | 8  |     | X  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in                    |    |     |    |
|    | Regulations section 53 4958-6(c)?   | 9  | 1   | 1  |

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

Schedule J (Form 990) 2013

CITY OF CLEVELAND CABLE TELEVISION

34-1832689

Page 2

Schedule J (Form 990) 2013

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

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

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

|                    |          | (B) Breakdown of         | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns |   |
|--------------------|----------|--------------------------|--|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (Q)-(i)(g)           | reported as deferred<br>in prior Form 990 |
| (1) ROBERT ECKARDT | 9        | 0                        | 0  | 0   | 0                              | 0              |                      | 0   |
| 5                  | (ii)     | 253,58                   | 0  | 3,564.                                    | 31,941.                        | 21,541.        | 310,627.             | 0   |
|                    | ε        |                          |  |   |                                |                |                      |   |
|                    | ▣        |                          |  |   |                                |                |                      |   |
|                    | (3)      |                          |  |   |                                |                |                      |   |
|                    | (ii)     |                          |  |   |                                |                |                      |   |
|                    | Θ        |                          |  |   |                                |                |                      |   |
|                    | (ii)     |                          |  |   |                                |                |                      |   |
|                    | (0)      |                          |  |   |                                |                |                      |   |
|                    | <u> </u> |                          |  |   |                                |                |                      |   |
|                    | Ξ        |                          |  |   |                                |                |                      | !   |
|                    | €        |                          |  |   |                                |                |                      | :   |
|                    | €        |                          |  |   |                                |                |                      |   |
|                    | €        |                          |  |   |                                |                |                      |   |
|                    | Ξ        |                          |  |   |                                |                |                      |   |
|                    | <u> </u> |                          |  |   |                                |                |                      |   |
|                    | (i)      |                          |  |   |                                |                |                      |   |
|                    | (ii)     |                          |  |   |                                |                |                      |   |
|                    | (E)      |                          |  |   |                                |                |                      |   |
|                    | (ii)     |                          |  |   |                                |                |                      |   |
|                    | (j)      |                          |  |   |                                |                |                      |   |
|                    | ▣        |                          |  |   |                                |                |                      |   |
|                    | Ξ        |                          |  |   |                                |                |                      |   |
|                    | ▣        |                          |  |   |                                |                |                      |   |
|                    | Ξ        |                          |  |   |                                |                |                      |   |
|                    | (ii)     | )[                       |  |   |                                |                |                      |   |
|                    | €        |                          |  |   |                                |                |                      |   |
|                    | ≘        |                          |  |   |                                |                |                      |   |
|                    | Ξ        |                          |  |   |                                |                |                      |   |
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| 332112             |          |                          |  | t<br>C                                    |                                |                | Sched                | Schedule J (Form 990) 2013                |

332112 09-13-13

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

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

Attach to Form 990 or 990-EZ.

2013 Open to Public

34-1832689

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

rm990 Inspection
Employer identification number

Name of the organization

CITY OF CLEVELAND CABLE TELEVISION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE AND EDUCATIONAL FUNCTIONS OF THE CLEVELAND FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 2:

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND

EDUCATION FUND ("MINORITY ARTS AND EDUCATION FUND") IS A SUPPORTING

ORGANIZATION OF THE CLEVELAND FOUNDATION. CONSEQUENTLY, SOME OF ITS

TRUSTEES AND OFFICERS ARE EMPLOYEES OR OFFICERS OF THE CLEVELAND

FOUNDATION, COMPENSATED BY THE CLEVELAND FOUNDATION. ROBERT ECKARDT IS A

TRUSTEE OF THE MINORITY ARTS AND EDUCATION FUND AND ALSO AN OFFICER OF THE

CLEVELAND FOUNDATION. HE HAS A BUSINESS RELATIONSHIP WITH NELSON BECKFORD

(EFFECTIVE 6/26/13) AND ELIZABETH HONOLD, OFFICERS OF THE MINORITY ARTS AND

EDUCATION FUND BECUASE MR. BECKFORD, AND MS. HONOLD ARE EMPLOYEES OF THE

CLEVELAND FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 6:

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND
EDUCATION FUND IS AN OHIO NONPROFIT CORPORATION. AS SUCH, IT HAS MEMBERS
WHO HAVE THE RIGHT UNDER OHIO STATE LAW AND THE ORGANIZING INSTRUMENTS OF
THE CORPORATION TO PARTICIPATE IN ITS GOVERNANCE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND

EDUCATION FUND HAS TWO CLASSES OF MEMBERS, PUBLIC MEMBERS AND DONOR

MEMBERS, WHO APPOINT THE ORGANIZATION'S BOARD OF TRUSTEES. THE PUBLIC

MEMBER OF THE MINORITY ARTS AND EDUCATION FUND IS THE CLEVELAND FOUNDATION

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

Schedule O (Form 990 or 990-EZ) (2013)

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Employer identification number 34-1832689

AND THE DONOR MEMBER IS THE CITY OF CLEVELAND. AS THE PUBLIC MEMBER, THE CLEVELAND FOUNDATION IS ENTITLED TO APPOINT FIVE (5) OF THE ORGANIZATIONS

NINE (9) TRUSTEES, WHICH CONSTITUTES A MAJORITY OF THE TOTAL NUMBER OF TRUSTEES. THE DONOR MEMBER IS ENTITLED TO APPOINT FOUR (4) TRUSTEES OR A MINORITY OF THE ORGANIZATION'S FULL NUMBER OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

UNDER THE OHIO NONPROFIT CORPORATION LAW, MEMBERS HAVE THE

ABILITY TO APPROVE CERTAIN KEY ACTIONS UNDERTAKEN BY A NONPROFIT

CORPORATION INCLUDING MERGER OF THE CORPORATION, SALE, TRANSFER, OR OTHER

DISPOSITION OF SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION, AMENDMENT

OF THE CORPORATION'S ARTICLE'S OF INCORPORATION OR CODE OF REGULATIONS, AND

DISSOLUTION OF THE CORPORATION, AMONG OTHERS. THE CODE OF REGULATIONS OF

THE MINORITY ARTS AND EDUCATION FUND PROVIDES THAT ONLY THOSE MEMBERS OF

THE CLASS WHICH ELECTED A TRUSTEE MAY REMOVE AND REPLACE THAT TRUSTEE. THE

MEMBERS OF THE MINORITY ARTS AND EDUCATION FUND HAVE NO ADDITIONAL SPECIAL

RIGHTS OF APPROVAL OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE MINORITY ARTS AND EDUCATION FUND HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

STAFF OF THE CLEVELAND FOUNDATION PREPARES THE FORM 990. THE

FORM 990 IS REVIEWED BY AN OFFICER OF THE CLEVELAND FOUNDATION AND ONE OR MORE OFFICERS AND TRUSTEES OF MINORITY ARTS AND EDUCATION FUND.

FORM 990, PART VI, SECTION B, LINE 12C:

332212

Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number 34-1832689

LINE 12A, 12B, 12C, 13 AND 14:

THE MINORITY ARTS AND EDUCATION FUND IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. ACTIVITIES OF THE CLEVELAND FOUNDATION'S SUPPORTING ORGANIZATION ARE SUBJECT TO POLICIES FOR SUPPORTING ORGANIZATIONS THE CLEVELAND FOUNDATION HAS IN EFFECT FROM TIME TO TIME TO ENSURE ITS SUPPORTING ORGANIZATIONS OPERATE IN A MANNER CONSISTENT WITH GOVERNING TAX EXEMPTION PRINICPLES. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, SUPPORTING ORGANIZATIONS ARE REQUIRED TO FOLLOW EACH OF THE CONFLICT OF INTEREST, DOCUMENT RENTENTION, AND WHISTLEBLOWER POLICIES MAINTAINED BY THE CLEVELAND FOUNDATION, UNLESS THE BOARD OF THE SUPPORTING ORGANIZATION (WHICH IN ALL CASES IS CONTROLLED BY THE CLEVELAND FOUNDATION) ADOPTS A FUNCTIONALLY EQUIVALENT POLICY EXPRESSLY IN PLACE OF ONE OF THE FOREGOING POLICIES. THE MINORITY ARTS AND EDUCATION FUND FOLLOWS THESE POLICIES OF THE CLEVELAND FOUNDATION.

EXCEPT IN THE LIMITED CASE NOTED BELOW, TRUSTEES AND OFFICERS WITH CONFLICT
OF INTEREST UNDER THE POLICY, MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT
OF INTEREST AT THE MEETING; (II) PRESENT ANY RELEVANT INFORMATION

CONCERNING THE MATTER INVLOVING THE CONFLICT, IF REQUESTED; AND (III)

RECUSE THEMSELVES FROM THE MEETING FOR THE DISCUSSION AND VOTE ON THE

MATTER PRESENTING THE CONFLICT. IN LIMITED CASES INVOLVING THE APPROVAL OF

GRANT DISTRIBUTIONS WHERE TRUSTEE AND OFFICERS HAVE CERTAIN LIMITED

POTENTIAL CONFLICTS OF INTEREST WITH A PROPOSED GRANT RECIPIENT, THE

TRUSTEES OR OFFICERS MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT OF

INTEREST AT THE MEETING; (II) ABSTAIN FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

A AND B: THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

**Employer identification number** Name of the organization 34-1832689 CITY OF CLEVELAND CABLE TELEVISION ARTS AND EDUCATION FUND HAS NO EMPLOYEES AND DOES NOT COMPENSATE ITS TRUSTEES AND THEREFORE DOES NOT MAINTAIN A PROCESS FOR DETERMINING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE MINORITY ARTS AND EDUCATION FUND IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE CLEVELAND FOUNDATION FINANCIAL STATEMENTS ARE PREPARED AND AUDITED ON A CONSOLIDATED BASIS AND INCLUDE THE SUPPORTING ORGANIZATIONS. THE SUPPORTING ORGANIZATIONS ARE RECOGNIZED IN THE FOOTNOTES DISCLOSURE IN THE STATEMENTS. THE CLEVELAND FOUNDATION CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW ON THE FOUNDATION'S WEBSITE. THE MINORITY ARTS AND EDUCATION FUND FORM 990 IS ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE. FORM 990, PART VII, LINE 1A, COLUMNS (E) & (F) THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. CONSEQUENTLY, SOME OF ITS OFFICERS ARE EMPLOYEES OF THE CLEVELAND FOUNDATION, COMPENSATED BY THE CLEVELAND FOUNDATION. FORM 990, PART IX, LINE 24A PAYMENT TO DEFRAY OPERATIONAL COST PAID BY SUPPORTED ORGANIZATION: BACK OFFICE SUPPORT, SUCH AS, ACCOUNTING, FINANCIAL, AND TAX REPORTING. FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD: MODIFIED ACCRUAL

# SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

▶ See separate instructions.

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▶Information about Schedule R (Form 990) and its instructions is at www.us apulform990.

CITY OF CLEVELAND CABLE TELEVISION

Open to Public Inspection Employer identification number 34-1832689

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | e if the organization answered "Yes" | on Form 990, Part IV, line 33.  |                     |                                  |                            |                                     |               |
|--|--------------------------------------|---|---------------------|----------------------------------|----------------------------|-------------------------------------|---------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity   | (b)<br>Primary activity              | (c) Legal domicile (state or foreign country)   | (d)<br>Total income | (e) End-of-year assets           |                            | (f)<br>Direct controlling<br>entity |               |
|  |                                      |   |                     |                                  | ,                          |                                     |               |
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| Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.                   | =                                    | the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt | Part IV, line 34 be | ause it had one o                | r more related tax-exen    | t d                                 |               |
| (a)  | (q)                                  | (0)   | <del>ਹ</del>        | <b>(e)</b>                       | €                          | <b>6</b> )                          | )<br>12/hy13) |
| Name, address, and EIN   | Primary activity                     | Legal domicile (state or  | Exempt Code         | Public charity                   | Direct controlling         | controlled                          | led belled    |
| of related organization  |                                      | foreign country)  | section             | status (if section<br>501(c)(3)) | entity                     | Yes                                 | No No         |
| UNDATION   |                                      |   |                     |                                  |                            |                                     |               |
| 1422 EUCLID AVE., SUITE 1300   |                                      |   |                     |                                  |                            |                                     | ;             |
| CLEVELAND, OH 44115  | COMMUNITY GRANTMAKING                | оню   | 501(C)(3)           | æ                                | N/A                        |                                     | ×             |
|  |                                      |   |                     |                                  |                            |                                     |               |
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| For Panerwork Reduction Act Notice see the Instructions for Form 990.  | ns for Form 990.                     |   | į                   |                                  | Schedule R (Form 990) 2013 | Form 990                            | 0) 2013       |

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CITY OF CLEVELAND CABLE TELEVISION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2013

Part III

Schedule R (Form 990) 2013 ieneral or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. € Yes No Percentage ownership 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\equiv$ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Ô Type of entity (C corp, S corp, or trust) **e** Share of total income Ξ (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) <u>છ</u> (d)
Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <del>a</del> 332162 09-12-13 Part IV

# Schedule R (Form 990) 2013 CITY OF CLEVELAND CABLE TELEVISION

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| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                                  |                             |   | <u>}</u>                   | Yes              | ş   |
|---|----------------------------------|-----------------------------|---|----------------------------|------------------|-----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         | ons with one or more r           | elated organizations listed | in Parts II-IV?                           |                            | ┪                |     |
| a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity   | •                                |                             |   | 1a                         |                  | ×   |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |                                  |                             |   | <b>1</b>                   | ×                |     |
| c Gift, grant, or capital contribution from related organization(s)   |                                  |                             |   | 1                          | _                | ×   |
| <b>d</b> Loans or loan guarantees to or for related organization(s)   |                                  |                             |   | <b>1</b> d                 |                  | ×   |
| e Loans or loan guarantees by related organization(s)   |                                  |                             |   | <b>1</b> e                 |                  | ×   |
|   |                                  |                             |   |                            |                  |     |
| f Dividends from related organization(s)  |                                  |                             |   | <b>=</b>                   |                  | ×   |
| g Sale of assets to related organization(s)   |                                  |                             |   | 1g                         |                  | ×   |
| h Purchase of assets from related organization(s)   |                                  |                             |   | ŧ                          |                  | ×   |
| i Exchange of assets with related organization(s)   |                                  |                             |   | Ţ                          |                  | ×   |
| j Lease of facilities, equipment, or other assets to related organization(s)  |                                  |                             |   | 1,                         |                  | ×   |
| k Lease of facilities, equipment, or other assets from related organization(s)  |                                  |                             |   | ¥                          |                  | ×   |
| 1 Performance of services or membership or fundraising solicitations for related or,  | related organization(s)          |                             |   | =                          |                  | ×   |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | ganization(s)                    |                             |   | Ę                          |                  | ×   |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | ation(s)                         |                             |   | 두                          |                  | ×   |
| o Sharing of paid employees with related organization(s)  |                                  |                             |   | 우                          | +                | ×   |
| <ul> <li>P Rembursement paid to related organization(s) for expenses</li> </ul>   |                                  |                             |   | <b>₽</b>                   | ×                |     |
|   |                                  |                             |   | 19                         |                  | ×   |
|   |                                  |                             |   | <b>;=</b> ,                | $\dashv$         | ×   |
| - 1   |                                  |                             |   | 2                          | 1                | 4   |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | who must complete t              | his line, including covered | relationships and transaction thresholds  |                            |                  | 1   |
| (a) Name of related organization  | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved      | (d) Method of determining amount involved | involved                   |                  |     |
| (1)   |                                  |                             |   |                            |                  |     |
|   |                                  |                             |   |                            |                  |     |
| (2)   |                                  |                             |   |                            |                  |     |
| (6)   |                                  |                             |   |                            |                  |     |
| <b>(4)</b>  |                                  |                             |   |                            |                  |     |
| (5)   |                                  |                             |   |                            |                  |     |
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| 332163 09-12-13   | 35                               |                             | Schedul                                   | Schedule R (Form 990) 2013 | )<br>(06<br>(20) | 913 |

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# Schedule R (Form 990) 2013 CITY OF CLEVELAND CABLE TELEVISION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| l <u>e</u> o l  | 1           | ] I  | 1     | 1                   | ı | ı | ı                   |
|---|-------------|--|-------|---------------------|---|---|---------------------|
| Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 (Form 1065) Yes No |             |  |       |                     |   |   |                     |
| Perc  |             |  |       |                     |   |   |                     |
| (j) General or managing partner? Yes NO   |             |  |       |                     | _ |   |                     |
| 20 m m m m m m m m m m m m m m m m m m m  |             |  |       |                     |   |   |                     |
| 1065)   |             |  |       |                     |   |   |                     |
| (i)<br>Sode V.<br>Schedu  |             |  |       |                     |   |   |                     |
| a di si   |             | _  |       |                     |   |   |                     |
| Disproportional allocations?  |             |  |       |                     |   |   |                     |
|   |             |  |       |                     |   |   |                     |
| year<br>ts  |             |  |       |                     |   |   |                     |
| (g) Share of end-of-year assets   |             |  |       |                     | I |   |                     |
| )   | :           | İ  |       |                     |   |   |                     |
|   |             |  |       |                     |   |   |                     |
| al al   |             |  |       |                     |   |   |                     |
| (f)<br>Share of<br>total<br>income  |             | 1  |       |                     |   |   |                     |
| 1   |             |  |       |                     |   |   |                     |
| (e) Are all partners sec 501(c)(3) orgs 2   |             |  |       |                     |   |   |                     |
| Are all partners sec 501(c)(3) ong 5/4  |             |  |       |                     |   |   | -                   |
| (d) Predominant income (related, unrelated, excluded from tax under section 512-514)          |             |  |       |                     |   | : |                     |
| (d) Inant II I, unre ed fror fron 5   |             |  |       |                     |   |   |                     |
| edomi<br>elated<br>xclude<br>er sec   |             |  | ·     |                     |   |   |                     |
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| (c) gal domic tte or fore country)  |             |  | ·<br> | ;                   |   |   |                     |
| (c) Legal domicile (state or foreign country)   |             |  |       |                     |   |   |                     |
|   |             |  |       |                     |   |   |                     |
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| (b) Primary activity  |             |  | !     |                     |   |   |                     |
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| (a)<br>dress<br>f entit   |             | $  \   \   \   \  $                              |       |                     |   |   | $ \  \  \  \  $     |
| (a) Name, address, and EIN of entity  |             | $ \  \  \  \  $                                  |       |                     |   |   |                     |
| Na  |             |  |       |                     |   |   | $ \  \  \  \  $     |
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| Schedule R | (Form 990) 2013                   | $\mathtt{CITY}$    | OF    | CLEVELAND            | CABLE         | TELEVISION        | 34-1832689                            | Page 5   |
|------------|-----------------------------------|--------------------|-------|----------------------|---------------|-------------------|---------------------------------------|----------|
| Part VII   | (Form 990) 2013<br>Supplemental I | nformation         |       | -                    |               |                   |                                       |          |
| ,          | Provide additional in             | formation for res  | nons  | es to questions on S | Schedule R (  | see instructions) |                                       |          |
|            | T TOTAGO LLOGICITAT III           | TOTTI ACTOR TO TOO | porio | oo to quodilono on c | seriedale (1) | see mendenonoj.   |                                       |          |
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