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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ 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

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

DAVID & INEZ MYERS FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

25701 SCIENCE PARK DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CLEVELAND, OH 44122.7302

F Name and address of principal officer: BARRY REIS

25701 SCIENCE PARK DRIVE, CLEVELAND, OH 441

D Employer identification number

34-6560945

E Telephone number

216-593-2900

G Gross receipts \$ 33,896,208.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ NONE**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1954**M** State of legal domicile: OH**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FURTHER THE CHARITABLE, EDUC. & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0.	70,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,999,728.	9,554,162.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-407,288.	-573,238.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,592,440.	9,050,924.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	9,986,340.	7,985,130.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	457,360.	689,683.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,443,700.	8,674,813.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,851,260.	376,111.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	174,129,656.	195,218,013.
22	Net assets or fund balances. Subtract line 21 from line 20	13,639,060.	14,256,737.	
		160,490,596.	180,961,276.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date 11/17/14		
	BARRY REIS, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date: 2014 11/14	Check if self-employed <input type="checkbox"/>	PTIN
	PATRICIA B. RUBIN	Patricia B. Rubin, CPA	14:54:13 -05'00'		P00041477
Firm's name	Firm's name ▶ SS&G, INC.		Firm's EIN ▶ 34-1945695		
	Firm's address ▶ 32125 SOLON ROAD		Phone no. 440-248-8787		
		CLEVELAND, OH 44139			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

332001 10-29-13

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

Form **990** (2013)

EXTENSION ATTACHED

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

FURTHER THE CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF THE
JEWISH FEDERATION OF CLEVELAND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 8,021,771. including grants of \$ 7,985,130.) (Revenue \$ _____)
GRANTS TO 501(C)(3) ORGANIZATIONS MADE TO SUPPORT THE CHARITABLE,
EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND
INCLUDING GRANT PROGRAM DESIGN AND EXECUTION.

4b (Code _____) (Expenses \$ 148,454. including grants of \$ _____) (Revenue \$ _____)
RESEARCH INTO EFFORTS TO DEVELOP AFFORDABLE HOUSING IN ISRAEL.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **8,170,225.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒
Section 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. 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.		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a Describe in Schedule O the process, if any, used by the organization to review this Form 990.	X	
12b Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12c Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
14 Did the organization have a written whistleblower policy?	X	
15a Did the organization have a written document retention and destruction policy?	X	
15b Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **OH**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **BARRY REIS - 216-593-2900**
25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302

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

7

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.Form **990** (2013)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								0.	1,139,988.	81,177.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,139,988.	81,177.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MONTICELLO ASSOCIATES, INC. ONE TABOR CENTER, 1200 17TH ST, DENVER, CO	INVESTMENT ADVISORS	150,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	70,000.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			70,000.			
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,279,857.			2,279,857.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory		9,252,911.	22,866,678.			
	b Less: cost or other basis and sales expenses		9,040,688.	15,804,596.			
	c Gain or (loss)		212,223.	7,062,082.			
	d Net gain or (loss)			7,274,305.		-199,831.	7,474,136.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a TAX REFUNDS		900099	10,401.			10,401.	
b OTHER INVESTMENT INCOM		310000	-583,639.		681,175.	-1,264,814.	
c _____							
d All other revenue							
e Total. Add lines 11a-11d			-573,238.				
12 Total revenue. See instructions.			9,050,924.	0.	481,344.	8,499,580.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,985,130.	7,985,130.		
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	5,196.		5,196.	
c Accounting	4,565.		4,565.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	424,354.		424,354.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	53,460.		53,460.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	50,754.	50,754.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
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.)				
a CONSULTING FEES	134,341.	134,341.		
b FILING FEES & TAXES	16,895.		16,895.	
c DELIVERY & SHIPPING	118.		118.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,674,813.	8,170,225.	504,588.	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,100.	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	1,600,001.	7	100,001.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	3,978,042.	11	3,403,353.
	12 Investments - other securities See Part IV, line 11	168,546,513.	12	191,714,659.
	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)	174,129,656.	16	195,218,013.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	37,500.
	18 Grants payable	13,639,060.	18	14,219,237.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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 Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	13,639,060.	26	14,256,737.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		160,490,596.	27	180,961,276.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		160,490,596.	33	180,961,276.
34 Total liabilities and net assets/fund balances		174,129,656.	34	195,218,013.

Form **990** (2013)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,050,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,674,813.
3	Revenue less expenses. Subtract line 2 from line 1	3	376,111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	160,490,596.
5	Net unrealized gains (losses) on investments	5	20,860,387.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-765,818.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	180,961,276.

Part XII Financial Statements and Reporting

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

☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number

34-6560945

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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ 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 ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- 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 ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
JEWISH FEDERATION OF CLEVELAND	34-0714445	7	X						8,133,584.
Total	1								8,133,584.

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(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 and income from similar sources						
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2012 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2012 Schedule A, Part III, line 17 **18** %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information (See instructions).

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/form990

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number

34-6560945

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) FEDERATION - POOLED MANAGED MAIN		
(B) INVESTMENT FUND	29,448,640.	END-OF-YEAR MARKET VALUE
(C) FEDERATION - POOLED MARKETABLE		
(D) ALTERNATIVES PROGRAM	10,343,753.	END-OF-YEAR MARKET VALUE
(E) FEDERATION - MONEY FUND	6,697,827.	END-OF-YEAR MARKET VALUE
(F) ADVISORS INNER CIRCLE EDGEWOOD GROWTH	16,176,604.	END-OF-YEAR MARKET VALUE
(G) BRIDGE INVESTMENT FUND LP	224,428.	END-OF-YEAR MARKET VALUE
(H) CAPITAL GUARDIAN EMERGING FUND	4,484,273.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	191,714,659.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (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.) ▶	

2. 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

Part XIII Supplemental Information (continued)**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
CLOUGH OFFSHORE FUND	4,559,086.	FMV
DAVIDSON KEMPNER INST PARTNERS	3,728,670.	FMV
EARLY STAGE PARTNERS II LP	1,712,618.	FMV
EARLY STAGE PARTNERS LP	1,366,315.	FMV
FARALLON CAPITAL INSTITUTIONAL PARTNERS	5,052,057.	FMV
FORTRESS PRTRNS OFFSH FUND LP	11,313,963.	FMV
GMO FORESTRY FUND 8-B, LP	4,520,751.	FMV
GMO U.S. QUALITY EQUITY FUND	9,110,307.	FMV
KING STREET CAPITAL	5,624,850.	FMV
LEXIN AMTRUST REAL ESTATE PARTNERS LP	1.	FMV
MAVERICK FUND LP	6,519,348.	FMV
MOUNT KELLETT CAPITAL PARTNERS II LP	2,663,268.	FMV
NEWPORT ASIA INSTITUTIONAL FD LP	8,816,494.	FMV
OCH - ZIFF REAL ESTATE TE FUND LP	1,729,652.	FMV
OTHER CORPORATE DEBT/SECURITIES	500.	FMV
PIMCO LOW DURATION FUND	4,566,302.	FMV
SOWOOD ALPHA FUND LTD	34,255.	FMV
TWC ENERGY FUND XC-NL, LP	289,043.	FMV
TCW ENERGY FUND XIV-A LP	1,524,360.	FMV
VIKING GLOBAL EQUITIES III LTD	7,346,218.	FMV
WTC-CTF EMERGING COMPANIES	13,233,877.	FMV
LONGLEAF PARTNERS	15,002,198.	FMV
ESG DOMESTIC OPPPORTUNITY OFFSHORE FUND	4,264,519.	FMV
EIG ENERGY FUND XVI, LP	133,539.	FMV
LEXINGTON MIDDLE MARKET INVESTORS III, LP	434,513.	FMV
BBH CORE SELECT FUND	10,792,429.	FMV

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number

34-6560945

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		26,747,024.
MIDDLE EAST AND NORTH AFRICA -	0	0	PROGRAM SERVICES	GRANT MONITORING AND PROGRAM DEVELOPMENT	171,408.
3 a Sub-total	0	0			26,918,432.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			26,918,432.

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

Schedule F (Form 990) 2013

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number
34-650945

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC. - 4506 CHESTER AVENUE - CLEVELAND, OH 44103	23-7137105	501 (C)(3)	17,500.	0.			2014 SUMMER INTERNSHIP PROGRAM
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY, INC. - ONE BATTERY PARK PLAZA, 25TH FLOOR - NEW YORK, NY 10004	13-1568923	501 (C)(3)	1,000,000.	0.			RECRUITMENT OF NEW FACULTY IN HEALTH SCIENCES
AMERICAN FRIENDS OF THE ISRAEL MUSEUM - 500 FIFTH AVENUE, SUITE 2540 - NEW YORK, NY 10110	23-7182582	501 (C)(3)	100,000.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF THE OPEN UNIVERSITY OF ISRAEL, INC. - 120 EAST 56TH STREET, SUITE 900 - NEW YORK, NY 10022	13-3091674	501 (C)(3)	1,000,000.	0.			SCHOLARSHIP SUPPORT
AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY, INC. - 39 BROADWAY, 15TH FLOOR - NEW YORK, NY 10006	13-1996126	501 (C)(3)	1,107,625.	0.			EQUIPMENT FOR NEURODEGENERATIVE RESEARCH AT MYERS MOLECULAR MEDICINE
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 711 THIRD AVENUE, 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501 (C)(3)	1,020,000.	0.			MYERS JDC-BROOKDALE INSTITUTE, ISRAEL MISSION FOR EUROPEAN JOURNALISTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

41.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597	501 (c) (3)	10,500.	0.			GENERAL SUPPORT
BNAI BRITH YOUTH ORGANIZATION, INC. 800 EIGHTH STREET NW WASHINGTON, DC 20001	31-1794932	501 (c) (3)	501,000.	0.			GENERAL SUPPORT; NORTHERN OHIO REGION: 2014 MARCH OF THE LIVING STUDENT TRAVEL
CHAMBERFEST CLEVELAND 2489 GUILFORD ROAD CLEVELAND HEIGHTS, OH 44118	45-3437884	501 (c) (3)	10,000.	0.			GENERAL SUPPORT
CLEVELAND FOODBANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501 (c) (3)	25,000.	0.			GENERAL SUPPORT
CLEVELAND HILLEL FOUNDATION, INC. 11291 EUCLID AVENUE CLEVELAND, OH 44106	34-1187022	501 (c) (3)	16,000.	0.			2014 SUMMER INTERNSHIP PROGRAM; GENERAL SUPPORT
CLEVELAND PLAY HOUSE 1901 EAST 13TH STREET, SUITE 200 CLEVELAND, OH 44114	34-6515260	501 (c) (3)	30,000.	0.			THEATRE EDUCATION PROGRAM
CLEVELAND STATE UNIVERSITY FOUNDATION - 2121 EUCLID AVENUE, UN 501 - CLEVELAND, OH 44115	34-1316665	501 (c) (3)	140,700.	0.			MATHCORPS
COLLEGE NOW GREATER CLEVELAND, INC. 50 PUBLIC SQUARE, SUITE 1800 CLEVELAND, OH 44113	34-6580096	501 (c) (3)	20,000.	0.			GENERAL SUPPORT
FRIENDS OF ETHIOPIAN JEWS, INC. P.O. BOX 960059 BOSTON, MA 02196	06-1512486	501 (c) (3)	10,000.	0.			ISRAEL ASSOCIATION FOR ETHIOPIAN JEWS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE CLEVELAND SCHOOL OF THE ARTS - P.O. BOX 18265 - CLEVELAND, OH 44118	34-1410357	501 (C)(3)	50,000.	0.			GENERAL SUPPORT
FRIENDSHIP CIRCLE OF CLEVELAND, INC. - 27900 GATES MILLS BOULEVARD - PEPPER PIKE, OH 44124	20-8848426	501 (C)(3)	7,500.	0.			GENERAL SUPPORT
GREAT LAKES THEATER FESTIVAL, INC. 1501 EUCLID AVENUE, SUITE 300 CLEVELAND, OH 44115	34-0901212	501 (C)(3)	50,000.	0.			SCHOOL RESIDENCY PROGRAM
HEBREW ACADEMY OF CLEVELAND 1860 SOUTH TAYLOR ROAD CLEVELAND HEIGHTS, OH 44118	34-0714428	501 (C)(3)	52,625.	0.			GENERAL SUPPORT; TAYLOR ROAD PLAYGROUND
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE - 613 EAST SUMMIT STREET - KENT, OH 44240	34-6557290	501 (C)(3)	10,000.	0.			GENERAL SUPPORT
JEWISH EDUCATION CENTER OF CLEVELAND - 2030 SOUTH TAYLOR ROAD - CLEVELAND HEIGHTS, OH 44118	34-0714554	501 (C)(3)	10,000.	0.			CAMP LEADERSHIP SCHOLARSHIPS; HA'ZAMIR CLEVELAND
JEWISH FAMILY SERVICE ASSOCIATION 3659 SOUTH GREEN ROAD, SUITE 322 BEACHWOOD, OH 44122	34-0714441	501 (C)(3)	43,500.	0.			JEWISH CAMPING SCHOLARSHIPS ADMINISTRATION/OUTREACH; CAMPING SUPPLIES
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	34-0714445	501 (C)(3)	1,200,000.	0.			2014 CAMPAIGN
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	34-0714445	501 (C)(3)	525,000.	0.			BIRTHRIGHT CLEVELAND; BIRTHRIGHT ISRAEL 2014 TRIPS; CLEVELAND ISRAEL

Schedule I (Form 990)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATIONS OF NORTH AMERICA, INC. - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240	501 (C) (3)	193,500.	0.			GENERAL SUPPORT; COUNSELING CENTER FOR WOMEN; ISRAEL NATIONAL PROJECT; SUPPLEMENTARY
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, INC. - 1422 EUCLID AVENUE, SUITE 525 - CLEVELAND, OH 44115	34-0733164	501 (C) (3)	20,000.	0.			INVESTMENT AND STEM SCHOOLS
LEGAL AID SOCIETY OF CLEVELAND 1223 WEST 6TH STREET CLEVELAND, OH 44113	34-0866026	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
MILESTONES ORGANIZATION 23880 COMMERCE PARK ROAD, #2 BEACHWOOD, OH 44122	20-0721205	501 (C) (3)	20,000.	0.			BUSINESS PLAN
MUSICAL ARTS ASSOCIATION 11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501 (C) (3)	10,000.	0.			CLEVELAND ORCHESTRA GENERAL SUPPORT
NEIGHBORHOOD PROGRESS, INC. 11327 SHAKER BLVD., SUITE 500W CLEVELAND, OH 44104	34-1611055	501 (C) (3)	75,000.	0.			ST. LUKE'S MANOR/HEALTHY ACTIVE LEARNING CENTER
PIANO INTERNATIONAL ASSOCIATION OF NORTHERN OHIO - 12200 FAIRHILL ROAD - CLEVELAND, OH 44120	34-1774615	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
PROJECT LOVE: REMEMBER THE CHILDREN FOUNDATION - 5244 MAYFIELD ROAD, 2ND FLOOR - LYNDHURST, OH 44124	34-1795459	501 (C) (3)	26,000.	0.			BELIEVE TO ACHIEVE; GENERAL SUPPORT
RONALD MCDONALD HOUSE OF CLEVELAND, INC. - 10415 EUCLID AVE. - CLEVELAND, OH 44106	34-1269123	501 (C) (3)	25,000.	0.			CAPITAL CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHUCHTER INSTITUTE OF JEWISH STUDIES, INC. - BOX 3566, P.O. BOX 8500 - PHILADELPHIA, PA 19178-3566	22-3342043	501 (C)(3)	200,000.	0.			TALI SCHOOL; TALI LEADERSHIP DEVELOPMENT TRAINING
THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - ONE PENNSYLVANIA PLAZA, SUITE 1606 - NEW YORK, NY 10119	13-3014387	501 (C)(3)	100,000.	0.			GENERAL SUPPORT SHALOM HARTMAN INSTITUTE, JERUSALEM
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501 (C)(3)	75,000.	0.			2013/2014 CAMPAIGN
WEST SIDE ECUMENICAL MINISTRY 4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7034175	501 (C)(3)	6,000.	0.			EL BARRIO
WORLD ORT, INC. 318 WEST 39TH STREET, 5TH FLOOR NEW YORK, NY 10018	06-1669917	501 (C)(3)	50,000.	0.			STUDENTS AT RISK: ISRAEL
CLEVELAND PUBLIC THEATRE, INC. 6415 DETROIT ROAD CLEVELAND, OH 44102	34-1359225	501 (C)(3)	6,000.	0.			EDUCATION PROGRAMMING; GENERAL SUPPORT
ORT AMERICA, INC. 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	13-5562424	501 (C)(3)	6,000.	0.			GENERAL SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CLEVELAND, OHIO - 4019 PROSPECT AVENUE - CLEVELAND, OH 44103	34-0714800	501 (C)(3)	5,500.	0.			OLD STONE EDUCATION CENTER GENERAL SUPPORT

Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0				

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

EXPLANATION: GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT

AWARD LETTER THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT

INCLUDING HOW THE DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND

REPORTING REQUIREMENTS. THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL

GRANTEES WITHIN 6-9 MONTHS OF RECEIVING THE GRANT. IN SELECTED CASES, SITE

VISITS ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EQUIPMENT FOR NEURODEGENERATIVE

RESEARCH AT MYERS MOLECULAR MEDICINE LABORATORY CENTER:BUCHMANN FACULTY

OF LAW

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF CLEVELAND

(H) PURPOSE OF GRANT OR ASSISTANCE: BIRTHRIGHT CLEVELAND;BIRTHRIGHT

ISRAEL 2014 TRIPS;CLEVELAND ISRAEL ARTS CONNECTION;HOLOCAUST SURVIVORS

INITIATIVE;FOUNDATION AND PHILANTHROPIC FUND SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATIONS OF NORTH AMERICA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT;COUNSELING CENTER

FOR WOMEN;ISRAEL NATIONAL PROJECT:SUPPLEMENTARY EDUCATION

2013-2014;KVUTZAT REUT;MAX STERN YEZREEL VALLEY COLLEGE:OPPORTUNITY FOR

SUCCESS;MERAV CHILDREN'S GROUP HOME;TEL HAI ACADEMIC COLLEGE:CENTER FOR

STUDENTS WITH LEARNING DISABILITIES

SCHEDULE I

EXPLANATION: THE FOUNDATION REPORTS GRANTS ON SCHEDULE I TO THE JEWISH

FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S.

CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL

APPEAL (UIA), A SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT

DISTRIBUTION COMMITTEE (JDC) - BOTH 501 (C) (3) ORGANIZATIONS - EACH

FILES A SEPARATE FORM 990 AND DETAILED SCHEDULES F. ADDITIONALLY,

GRANTS WERE MADE TO SEVERAL U.S. TAX-EXEMPT ORGANIZATIONS THAT USUALLY

PROVIDE SUPPORT FOR OVERSEAS ORGANIZATIONS. THESE U.S. TAX -EXEMPT

Part IV Supplemental Information

ORGANIZATIONS ARE EXPECTED TO FILE SEPARATE FORM 990'S WITH A SCHEDULE

F FOR THEIR GRANTS TO FOREIGN GRANTEES.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number

34-6560945

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

Part III Supplemental Information

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

PART I, LINE 4B:

EXPLANATION: STEPHEN H HOFFMAN HAD INCLUDED IN W-2 WAGES IN SCHEDULE J

PART II, COLUMN B(III) OTHER COMPENSATION OF \$268,002 RELATED TO A

CONTRIBUTION TO A NON-QUALIFIED, VESTED SUPPLEMENTAL RETIREMENT PLAN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number
34-6560945

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

EXPLANATION: DIETER H. MYERS AND HAL H. MYERS HAVE A FAMILY RELATIONSHIP.

S. LEE KOHRMAN AND MARC C. KRANTZ HAVE A BUSINESS RELATIONSHIP. STEPHEN H.

HOFFMAN, BARRY REIS AND MATTHEW KALIFF HAVE A BUSINESS RELATIONSHIP. THEY

ARE OFFICERS OR EMPLOYEES OF THE FEDERATION, THE SUPPORTED ORGANIZATION.

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

EXPLANATION: TWO CLASSES OF VOTING MEMBERS: (A) THE FEDERATION MEMBER WHICH

HAS A MAJORITY OF THE MEMBER VOTING POWER AND IS THE JEWISH FEDERATION OF

CLEVELAND (FEDERATION), THE SUPPORTED ORGANIZATION (HEREAFTER "SUPPORTED

ORGANIZATION"), AND (B) DONOR MEMBER(S) - INDIVIDUALS WHO HAVE IN THE

AGGREGATE A MINORITY OF THE MEMBER VOTING POWER.

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

EXPLANATION: THE FEDERATION MEMBER ELECTS A MAJORITY OF THE BOARD OF

TRUSTEES; THE DONOR MEMBER(S) ELECTS A MINORITY OF THE BOARD OF TRUSTEES.

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

EXPLANATION: IF A MAJORITY OF THE BOARD PRESENT AT A MEETING ARE NOT

FEDERATION ELECTED TRUSTEES, ANY ACTIONS TAKEN BY THE BOARD AT THAT MEETING

ARE NOT EFFECTIVE UNTIL APPROVED BY THE FEDERATION MEMBER. UNDER STATE LAW,

MEMBERS MUST APPROVE ANY DISSOLUTION ACTION ADOPTED BY THE BOARD AND ANY

BOARD APPROVED SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE

FOUNDATION'S ASSETS.

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

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

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

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number
34-6560945

EXPLANATION: FORM 990 IS EMAILED TO EACH OFFICER/TRUSTEE FOR REVIEW BEFORE

FILING. FORM 990 IS PREPARED BY THE SUPPORTED ORGANIZATION'S STAFF AND

THEN, BEFORE FILING, IS REVIEWED BY THE FOUNDATION'S OUTSIDE AUDITORS AND BY

THE FOUNDATION'S TREASURER OR ASSISTANT TREASURER (WHO ALSO IS THE

SUPPORTED ORGANIZATION'S ASSISTANT TREASURER). THE CIRCULATED COPY DOES NOT

INCLUDE SCHEDULE B CONTRIBUTORS, IF ANY, OR COMPENSATION PAID BY THE RELATED

ORGANIZATION. THIS INFORMATION IS MADE AVAILABLE UPON REQUEST.

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

EXPLANATION: EVERY TRUSTEE, OFFICER, BOARD MEMBER, COMMITTEE MEMBER AND

EMPLOYEE IN A POSITION TO INFLUENCE, PROVIDE NON-PUBLIC INFORMATION OR VOTE

ON FOUNDATION POLICIES OR EXPENDITURES, (A KEY INDIVIDUAL) IS REQUIRED TO

SIGN A STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF

INTEREST POLICY PRIOR TO EMPLOYMENT OR SERVING ON THE FOUNDATION BOARD OR

KEY COMMITTEE. THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH TRUSTEES

ANNUALLY AT A FOUNDATION BOARD MEETING. IN ADDITION, ANY NEW KEY

INDIVIDUAL IS PROVIDED A COPY OF THE POLICY UPON COMMENCEMENT OF HIS OR HER

POSITION AS A KEY INDIVIDUAL AND IS REQUIRED TO SIGN AND DELIVER TO THE

FOUNDATION A STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE

POLICY. A COPY OF THE POLICY IS SENT ANNUALLY TO ALL KEY INDIVIDUALS. THE

FEDERATION (SUPPORTED ORGANIZATION) ENDOWMENT DEPARTMENT PERSONNEL ARE

RESPONSIBLE FOR MAINTAINING COPIES OF SIGNED STATEMENTS AND FOLLOWING UP TO

ENSURE THAT A STATEMENT IS OBTAINED FROM EACH KEY INDIVIDUAL. TREASURER OF

THE FOUNDATION (WHO IS ALSO ASSISTANT TREASURER OF THE SUPPORTED

ORGANIZATION) IS RESPONSIBLE FOR MONITORING CONFLICT SITUATIONS, IF ANY. IF

A BOARD MEMBER HAS AN INTEREST IN A TRANSACTION, HE OR SHE IS REQUIRED TO

DISCLOSE AND NOT VOTE.

Name of the organization	DAVID & INEZ MYERS FOUNDATION	Employer identification number 34-6560945
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FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: NOT APPLICABLE. THE FOUNDATION HAS NO EMPLOYEES AND DOES NOT

COMPENSATE ITS TRUSTEES AND/OR OFFICERS AND THEREFORE DOES NOT MAINTAIN A

PROCESS FOR DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PARTNERSHIP/S CORPORATION LOSS (INCOME) - TOTAL -848,248.

CANCELLATION OF PRIOR PERIOD GRANTS/RETURNED APPROPRIATIONS 82,430.

TOTAL TO FORM 990, PART XI, LINE 9 -765,818.

FORM 990 PART XII LINE 2(B) AND 2(C)- FINANCIAL STATEMENTS AND REPORTING

EXPLANATION: ALTHOUGH THE FOUNDATION'S 12/31/2013 FINANCIAL STATEMENTS

ARE NOT CONSOLIDATED ON A TAX YEAR BASIS, THE FOUNDATION'S FINANCIAL

RESULTS FROM JULY 1 TO JUNE 30 ARE INCLUDED IN THE SUPPORTED

ORGANIZATION'S FISCAL YEAR JUNE 30 CONSOLIDATED AUDITED FINANCIAL

STATEMENTS. THE FEDERATION'S AUDIT COMMITTEE, COMPRISED OF INDEPENDENT

VOLUNTEERS, RECOMMENDS THE INDEPENDENT ACCOUNTANTS TO THE FEDERATION'S

BOARD OF TRUSTEES WHICH MUST APPROVE THE APPOINTMENT. THE AUDIT

COMMITTEE PROVIDES OVERSIGHT OF THE AUDIT AND REVIEWS THE AUDITED

FINANCIAL STATEMENTS WITH STAFF AND THE INDEPENDENT ACCOUNTANTS PRIOR

TO ISSUANCE. THE AUDIT COMMITTEE ALSO MEETS INDEPENDENTLY WITH THE

INDEPENDENT ACCOUNTANTS TO DISCUSS THE AUDIT PROCESS.

Name of the organization

DAVID & INEZ MYERS FOUNDATION

Employer identification number

34-6560945

SCHEDULE A, PART I, LINE H(VII) AMOUNT OF SUPPORT TO SUPPORTED ORGANIZATION

EXPLANATION: THESE GRANTS ALL SUPPORT THE CHARITABLE, EDUCATIONAL AND

RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND (FEDERATION).

OF THE AMOUNT REPORTED, \$1,725,000 WENT DIRECTLY TO THE FEDERATION.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

[illegible]

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JEWISH FEDERATION OF CLEVELAND - 34-0714445	GRANTS & ALLOCATIONS FOR CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES	OHIO	501(C)(3)	7	N/A		
25701 SCIENCE PARK DRIVE							
CLEVELAND, OH 44122-7302							X
ADLER FAMILY FOUNDATION - 34-1858749	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		
25701 SCIENCE PARK DRIVE							X
CLEVELAND, OH 44122-7302							
MILDRED & MARTIN BECKER FAMILY FOUNDATION - 34-1711965, 25701 SCIENCE PARK DRIVE,	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		
CLEVELAND, OH 44122-7302							X
THE SEMI J.AND RUTH W.BEGUN FOUNDATION - 34-1594565, 25701 SCIENCE PARK DRIVE,							
CLEVELAND, OH 44122-7302							X

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

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BLUMENTHAL FAMILY FOUNDATION - 34-1832963	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302							
CHELM FAMILY FOUNDATION - 30-0226826	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302							
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302							
EILEEN E. & VICTOR J. COHN SUPPORTING FOUNDATION - 31-1606939, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
COMMISSION ON CEMETERY PRESERVATION - 34-1771506, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
FEDERATION HOLDINGS, INC. - 23-7133908							
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	HOLDS LEGAL TITLE TO DONATED REAL ESTATE	OHIO	501(C)(2)	N/A	JEWISH FEDERATION OF CLEVELAND		X
RINA & SAMUEL M. FRANKEL FAMILY FOUNDATION - 31-1502121, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
PEGGY AND JOHN GARSON FAMILY FOUNDATION - 34-1916905, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
NATHAN L. & REGINA HERMAN CHARITABLE FUND - 34-1344368, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
ROBERT AND SUSAN R. HURWITZ FAMILY FOUNDATION - 34-1916908, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
THE IMMERMANN FOUNDATION - 34-1533181	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302							
JEWISH COMMUNITY HOUSING INC. - 34-1276120	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302							

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LADER FAMILY FOUNDATION - 31-1566160	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION						
THE MT. SINAI HEALTH CARE FOUNDATION - 34-1777878, 11000 EUCLID AVE, CLEVELAND, OH 44106	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION						
MADAV XVII FOUNDATION - 34-1827878	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION						
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION						
MANDEL SPRTING FDTNS-JACK N. AND LILYAN MANDEL FUND - 34-1350566, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
MANDEL SPRTING FDTNS-JOSEPH C. AND FLORENCE MANDEL FUND - 34-1350568, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
MANDEL SPRTING FDTNS-MORTON L. AND BARBARA MANDEL FUND - 34-1350570, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
MEISEL FAMILY FOUNDATION - 31-1583883	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION						
MILLER GOOD FAMILY CHARITABLE FOUNDATION - 34-1832965, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
ALEX & ANNE MILLER FAMILY CHARITABLE FUND - 31-1204735, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
ALLEN & RUTH MILLER FAMILY FOUNDATION - 31-1502113, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE FOUNDATION - 34-1806783, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
EILEEN AND MYRON NICKMAN FAMILY SUPPORTING FOUNDATION - 34-1916911, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
PHYLLIS & DEBRA ANN NOVEMBER CHILDREN'S FUND - 31-1566156, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
OSTARA - 31-1606934	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE							
CLEVELAND, OH 44122-7302		OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
THE HARRY RATNER HUMAN SERVICES FUND -	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
34-1360076, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
THE RIMON XLI FOUNDATION - 34-1916913	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE							
CLEVELAND, OH 44122-7302		OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
FGI FOUNDATION - 34-1916912	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
25701 SCIENCE PARK DRIVE							
CLEVELAND, OH 44122-7302		OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
ROBERT S. & SYLVIA K. REITMAN FAMILY FOUNDATION - 31-1502117, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
34-1458950, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
LAWRENCE C. SHERMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
34-1806781, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
MICHAEL & ANITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
34-1832962, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
34-1546349, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122-7302	EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SIMON FAMILY FOUNDATION - 34-1808584	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
NAOMI G. & EDWIN Z. SINGER FAMILY FUND -	SUPPORT CHARITABLE,						
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
DAVID AND ROBERT STEIN FOUNDATION -	SUPPORT CHARITABLE,						
34-1466318, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
IRVING I. STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,						
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
NINA & NORMAN WAIN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502119, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1562999, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
ZILBER FAMILY FOUNDATION - 34-1711966	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
DAN AND ELLEN ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
38-3876650, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDTN -	SUPPORT CHARITABLE,						
34-0714599, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND		X
LAURA & ALVIN SIEGAL CLG JUD STUDIES ED FDTN	SUPPORT CHARITABLE,						
- 34-0946903, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	7	JEWISH FEDERATION OF CLEVELAND		X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HASTINGS PAVEMENT CO., INC.	S	1,500,000.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

SCHEDULE R, PART II, COLUMN B

EXPLANATION: CONTINUATION OF PRIMARY ACTIVITY:

COMMISSION ON CEMETERY PRESERVATION:

INCLUDING THE PRESERVATION OF JEWISH CEMETERIES

SCHEDULE R, PART II, COLUMN B

EXPLANATION: CONTINUATION OF PRIMARY ACTIVITY:

JEWISH COMMUNITY HOUSING INC.:

INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND THE DISABLED

SCHEDULE R, PART II, COLUMN B

EXPLANATION: CONTINUATION OF PRIMARY ACTIVITY:

THE HARRY RATNER HUMAN SERVICES FUND:

INCLUDING ASSISTING THE INDIGENT AND HOLOCAUST SURVIVORS WITH BASIC

FAMILY NEEDS

SCHEDULE R, PART II, COLUMN B

EXPLANATION: CONTINUATION OF PRIMARY ACTIVITY:

CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOUNDATION:

INCLUDING THE PROMOTION OF QUALITY JEWISH EDUCATION

SCHEDULE R, PART II, COLUMN B

EXPLANATION: CONTINUATION OF PRIMARY ACTIVITY:

LAURA & ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES EDUCATIONAL FOUNDATION:

INCLUDING THE PROMOTION OF QUALITY LIFE-LONG JEWISH LEARNING

OPPORTUNITIES

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	DAVID & INEZ MYERS FOUNDATION	34-6560945
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	25701 SCIENCE PARK DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEVELAND, OH 44122-7302	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **BARRY REIS**

Telephone No. ▶ **216-593-2800** Fax No. ▶ **216-593-2901**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 20 **13** or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	N/A
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	N/A
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	DAVID & INEZ MYERS FOUNDATION	34-6560945
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	25701 SCIENCE PARK DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEVELAND, OH 44122-7302	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **BARRY REIS 25701 SCIENCE PARK DRIVE - CLEVELAND, OH 44122-7302**

Telephone No. ► 216-593-2828

Fax No. ► 216-593-2901

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

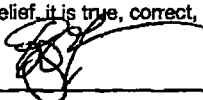
- 4 I request an additional 3-month extension of time until NOVEMBER 15, 20 14.
- 5 For calendar year 2013, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	N/A
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	N/A
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►



Title ► TREASURER

Date ► 8/11/14

Form **8868** (Rev. 1-2014)