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# SCANNED DEC 0

la 2015

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. Open to Public Inspection

OMB No 1545-0047

A I	or the	2014 calendar year, or tax year beginning	and	ending					
В	Check if applicable	C Name of organization			D Employer identi	fication number			
Г	Addres	THE SEMI J. & RUTH W. BEGUN FOUND.	ATTON						
	Name change				34-15	94565			
F	Initial	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suit					
F	Final	25701 SCIENCE PARK DRIVE		110011110011		93-2900			
_	—return/ termin ated		G Gross receipts \$	25,674,483.					
Г	Amend		Zii di lordigii postai code		H(a) Is this a group				
一	return Applic		PETC	<del></del>	for subordinate				
_	tion pendir				H(b) Are all subordinates				
	[ay.eye			or 52		a list. (see instructions)			
		e: NONE	4 (mscrtmc.) = 4047(a)(1)	<u>ы зғ</u>	H(c) Group exempts				
			sociation Other	I Ves		M State of legal domicile: OH			
	art I	Summary		<u> </u>   100	1 07 101 mation: 2000 1	W Clate of legal dofficie. On			
		Briefly describe the organization's mission or most	significant activities mo CAR	פע הוות מ	שות השתתחת שו ש				
ဥ		EDUCATIONAL AND RELIGIOUS PURPOSES OF	·		THE CHARLIABLE,				
пa		Check this box   if the organization discor			ere than 25% of its net	accate			
Ve		Number of voting members of the governing body	•	300 01 1110	3	1			
ගී	l.	Number of independent voting members of the governing body	•		4				
త	1	Total number of individuals employed in calendar y	-		. 5				
ij	1	Total number of individuals employed in calendar y	ear 2014 (Fart V, IIIIe 2a)	\	. 6				
Activities & Governance	1	Total unrelated business revenue from Part VIII, co	lump (C) line 12	-i:-i	72				
Ă	1	Net unrelated business taxable income from Form	000 T Ino 24	1:1	71				
_	"	Net difference business taxable income from our	9901, III 94 NOV 1. 6	ोदा	Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	1.= NO 4 = 0		Prior rear				
	1	Program service revenue (Part VIII, line 2g)		·	0	<u> </u>			
	1	Investment income (Part VIII, column (A), lines 3, 4	and Zd		62.748				
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	( <del></del>		02,748				
	1	Total revenue - add lines 8 through 11 (must equal		-		<del>'</del>			
		Grants and similar amounts paid (Part IX, column (			62,748				
		Benefits paid to or for members (Part IX, column (A	•	-	185,052 0				
"		Salanes, other compensation, employee benefits (I	•		0				
Expenses	1	Professional fundraising fees (Part IX, column (A), I	• • • • • • • • • • • • • • • • • • • •	-	0	1			
Den	1	Total fundraising expenses (Part IX, column (D), lin		, F	U	0.			
X	1	Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>	22.816	19.867.			
	1	Total expenses Add lines 13-17 (must equal Part I		<b></b>	207.868	· · · · · · · · · · · · · · · · · · ·			
		Revenue less expenses Subtract line 18 from line		<u> </u>	<145.120				
es es	19	nevende less expenses oubtract line to nom line	12		Beginning of Current Year	<del></del>			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		F.	3,488,239				
Ass	21	Total liabilities (Part X, line 26)			90,218				
Ne See	22	Net assets or fund balances Subtract line 21 from	line 20		3,398,021				
	art II	Signature Block	into 20		3,330,021	20,047,340.			
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and state	ements, and to the best of	my knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than office				,,			
	,	BOR		FF	10/20	111			
Sig	n	Signature of officer	·		Date				
He		BARRY REIS TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN			
Pai	d		· · · · · · · · · · · · · · · · · · ·		ıt self-empi	loved			
	parer	Firm's name	<del> </del>		Firm's EIN	· · · · · · · · · · · · · · · · · · ·			
	Only	Firm's address	<del></del>						
	•				Phone no.				
Ma	v the li	RS discuss this return with the preparer shown abo	ove? (see instructions)	***		Yes No			

	990 (2014) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check 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.		
			<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on		Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O		ries La_140
^	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	, [	Yes x No
3	If "Yes," describe these changes on Schedule O.		1103 🕰 110
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expe	enses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1,097,470. including grants of \$1,097,470.) (Reve		)
	GRANTS TO 501(C)(3) ORGANIZATIONS MADE TO SUPPORT THE CHARITABLE.		<u> </u>
	EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND		
4b	(Code) (Expenses \$ including grants of \$ ) (Reve	nue \$	)
		<del></del>	
			·-
		· <u></u> -	
		-	
4c	(Code) (Expenses \$	nue \$	)
4d	Other program services (Describe in Schedule O )	_	
	(Expenses \$ including grants of \$ ) (Revenue \$		
	Total program service expenses ► 1 .097 .470.		

Form 990 (2014)

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
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? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	;		
	Part VI .	11a		х_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<del> </del>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-111		X
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	,		<u> </u>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	<u> </u>
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? If "Yes," complete Schedule F, Parts II and IV	15	<u>x</u>	
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? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
<u>, , , , , , , , , , , , , , , , , , , </u>	1 100 to into 200, die trie organization attach a copy of ite addition infantibili statements to trie reterm	•	990	(2014)

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

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

	Check if Schedule O contains a response or note to any line in this Part V			
	<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		ıçs	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a (			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
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?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-11
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
^	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A			
a b		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15	_	
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schodule O	13a	-	
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2014)

Form 990 (2014) THE SEMI J. & RUTH W. BEGUN FOUNDATION 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. b Enter the number of voting members included in line 1a, above, who are independent 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 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶oн 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 x Upon request → Other (explain in Schedule O) 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.

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25701 SCIENCE PARK DRIVE CLEVELAND OH 44122-7302

State the name, address, and telephone number of the person who possesses the organization's books and records.

BARRY REIS - 216-593-2900

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	ĺ		((	<b>2)</b>	_		(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both a officer and a director/trusted			ıs bot or/trus	h an tee)	1 '	compensation	amount of	
	week (list any	٥		Γ	T	П	Ė	from the	from related organizations	other compensation
	hours for	를	1					organization	(W-2/1099-MISC)	from the
	related	tee o.	stea		l	a Sat		(W-2/1099-MISC)	, ,	organization
	organizations	indradual trustee or director	Institutional trustee		Key employes	Highest compensated employee				and related
	below	Mdua	ag g	Officer	Ē	hest c	Former			organizations
	line)	Ē	핕	툴	ξ	물통	Ē	<u></u>		
(1) DR ALLAN STEINHARDT	0.30							_		
TRUSTEE/PRESIDENT	0.00	х	ldash	х	├—	L	_	0.	0.	0
(2) J DAVID HELLER	0.30							_	_	_
TRUSTEE	4.00	Х			_	ļ		0.	0.	0
(3) SALLY H WERTHEIM	0.30			Ì	1			_	_	_
TRUSTEE/VICE PRESIDENT	1,10	Х		Х	<u> </u>	<u> </u>	ļ	0.	0.	0
(4) PETER BALDI	0.30			1				1	_	
TRUSTEE	0.00	Х	<u> </u>	<u> </u>	<b> </b>	-		0.	0.	0
(5) MARCIA J WEXBERG	0.30									
TRUSTEE	0.10	Х		<u> </u>	ļ	_	<u> </u>	0.	0.	0
(6) HEDY P MILGROM	0.30				ı					4. 0.4
SECRETARY	40.00	_	<u> </u>	X	<u> </u>	$\vdash$	<b> </b>	0.	180,030.	12,841
(7) BARRY REIS	0.30	ļ							267 224	35 060
TREASURER	40.00	<del> </del>	┝	X	<u> </u>	-		0.	267,824.	35,262
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(A) Name and trile	(B) Average hours per week	(do i	not cl	(C Posi heck ss pe	tion more	than	one han	(D) Reportable compensation	(E) Reportable compensation from related		am	(F) imate ount o	
	(list any 🚊 the organization						organizations (W-2/1099-MIS	5	other compensati from the organizatio and relate organizatio		e on ed		
<u> </u>													
											<u>.</u>		
											<del></del>		
					İ								
1b Sub-total						}	<u> </u>	0.	447.8	854.		48.	103.
<ul> <li>Total from continuation sheets to Part V</li> <li>Total (add lines 1b and 1c)</li> </ul>	II, Section A						<b>▶</b>	0.	447.	0. 854.		48.	0. 103.
Total number of individuals (including but in compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 of reportabl	е		•	0
3 Did the organization list any former officer	, director, or tn	ustee	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	 [		Yes	No
ine 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s			mpe	ensa	atior	n and	d oti	ner compensation from	the organization		3		х
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>			•						 idual for services		4	х	
rendered to the organization? If "Yes," con Section B. Independent Contractors									<u></u>		5		х
Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	ation fi	rom	
(A) Name and business	address	NOI	NE					(B) Description of s	services	C	(C omper	) isatio	n
	<del></del>												
O Table and the desired services of the servic	langer of the second			، بہ	<b>A</b> L			I also and a state of the	Ab				
Total number of independent contractors (     \$100,000 of compensation from the organ	•	10t III	nite	u 10	ıno	ose II O	stec	abovej who received h	iore man		Form (	000 "	2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues Fundraising events 1c Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 24,264,333 g Noncash contributions included in lines 1a-1f \$ 24,264,333 h Total. Add lines 1a-1f 24, 264, 333 **Business Code** Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 34,901 34,901. Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 1 375 249 b Less cost or other basis and sales expenses 293,773 c Gain or (loss) d Net gain or (loss) 81,476 81,476. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events  $\triangleright$ 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 d All other revenue e Total, Add lines 11a-11d Total revenue. See instructions. 24 380 710 116 377

Form 990 (2014)

Form 990 (2014)

THE SEMI J. & RUTH W.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	<del></del>
	Check if Schedule O contains a respon-	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	970,940.	970,940.		<del></del> .
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	126,530.	126,530.		
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)				<del></del>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying  Professional fundrausing convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17				····-
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates	-			<u> </u>
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 0.)				
а	INVEST & ADMIN FEES	19,255.		19,255.	
b	MEETING COST	362,		362.	
C	FILING FEES	250.		250.	
d					
е	All other expenses				
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	1,117,337.	1,097,470.	19,867.	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)		I		

Par	<u> </u>	balance Sheet				<del></del>
		Check if Schedule O contains a response or not	e to any fine in this Part X	//	1	/B)
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3	-	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo	<del></del>			
		trustees, key employees, and highest compensa				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualif			-	
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	_	7		
As	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	<u> </u>	11		
	12	Investments - other securities See Part IV, line 1	3,488,239.	12	4,360,826,	
	13	Investments - program-related See Part IV, line	•	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	0.	15	23,000,000,	
	16	Total assets. Add lines 1 through 15 (must equi	3,488,239,	16	27, 360, 826,	
	17	Accounts payable and accrued expenses			17	21,
	18	Grants payable	90,218.	18	713,265.	
	19	Deferred revenue	ļ		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D	<del></del>	21	
S	22	Loans and other payables to current and former	r officers, directors, trustees,		1	
Ė		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L .			22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D			25	
	26_	Total liabilities. Add lines 17 through 25		90,218.	26	713,286,
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.			
and	27	Unrestricted net assets		3,398,021,	27	26,647,540,
Bal	28	Temporarily restricted net assets		28		
힏	29	Permanently restricted net assets		29		
Ţ		Organizations that do not follow SFAS 117 (A				
ğ		and complete lines 30 through 34.		_		
set	30	Capital stock or trust principal, or current funds		=	30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	<del></del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
_	33	Total net assets or fund balances	•	3,398,021.	33	26,647,540
	34	Total liabilities and net assets/fund balances		3,488,239,	34	27 360 826

Form **990** (2014)

	990 (2014) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	_	Pag	<sub>qe</sub> 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·			<u>LJ</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	380	<u>710</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	117	337.
3	Revenue less expenses Subtract line 2 from line 1	3	23	263	373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	398	021.
5	Net unrealized gains (losses) on investments	5		<13	854.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26	,647	540.
Part	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <u> </u>	<u> </u>		لعا
	Accounting method used to prepare the Form 990	O	2a	Yes	No x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	on a	01-		
	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 consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2b		X
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		х
b	 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Employer identification number 34-1594565 THE SEMI J. & RUTH W. BEGUN FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) JEWISH FEDERATION OF CLEVELAND 34-0714445 25 000

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

25 000

### Schedule A (Form 990 or 990 EZ) 2014 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_		,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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				ļ		
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 VI)						
11	<b>Total support.</b> Add lines 7 through 10				<u> </u>	<u> </u>	l
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	-	s first, second, th	ırd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	<u>) here</u> ic Support Pe	rcentage	<del></del>	_ <del></del>		<u> </u>
	Public support percentage for 2014 (			column (fl)	<del></del>	14	%
	Public support percentage from 2013		· ·			15	%
	33 1/3% support test - 2014. If the			on line 13, and line	14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2013. If the		=		d line 15 is 33 1/3%	% or more, check ti	his box
	and stop here. The organization qual						. ▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circi	umstances" test, (	check this box and	l stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a pub	licly supported org	anization	. ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶ 🗀
					Sch	edule A (Form 990	or 990-EZ) 2014

# Schedule A (Form 990 or 990 EZ) 2014 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, places complete Port II.)	

Section A. Public Support	, ,					
Calendar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				-		-
are not an unrelated trade or bus-						
iness under section 513						
•						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	_ <del></del>				-	<u> </u>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				ļ	1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<u> </u>	
<b>b</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) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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					ļ	
b Unrelated business taxable income					<del> </del>	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				<del></del>	<del> </del>	
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	<del></del>					
or loss from the sale of capital						
assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ration,
check this box and stop here				•	•	
Section C. Computation of Publi					<del></del>	
15 Public support percentage for 2014 (li		•	olumn (f))	•	15	
16 Public support percentage from 2013				·	16	
Section D. Computation of Inves					<del></del>	
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	
18 Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	. ▶□
b 33 1/3% support tests - 2013. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	ınızatıon qualifies	as a publicly supp	orted organization	. ▶□
20 Private foundation. If the organization		-		· · ·	=	▶ .

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting Or	rganizations
------------	-----	---------------	--------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

-		Yes	No
	•		
	1	X	
	2		x
	3a		<u> </u>
	3b		
	3c		
	4a		<u> </u>
	4b		
	4c		
	40		
	5a		х
	5b		
	5c		
	•		
	6	Х	
	_		
	7		X
	8		х
	9a_		x
	9b		х
	9c		х
	10a		х
	10b		
9	90 or 99	0-EZ)	2014

Sche Par		34-1594565	Pa	age 5_
· al	t IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	162	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
_	below, the governing body of a supported organization?	11a		х
ь	A family member of a person described in (a) above?	11b		х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		х
	tion B. Type I Supporting Organizations			
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations		T	1
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		L
Sec	tion D. Type III Supporting Organizations		V	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	Yes	No
1	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		<del>                                     </del>
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			İ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		-1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see inst	tructions):		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a_	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	•		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b>↓</b>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	<u></u>

432025 09-17-14

<u>Sch</u> e	dule A (Form 990 or 990-EZ) 2014 THE SEMI J. & RUTH W. BEGUN FOUNDAT	NOI		34-1594565	Page
Pa			nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov 20, 1970 See in	structions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		_
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current	
1	Net short-term capital gain	1			
2	Recovenes of prior-year distributions	2	· -		
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year)	ļ			
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other				
	factors (explain in detail in Part VI)				
2		2			
3	Subtract line 2 from line 1d	3			<u> </u>
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current \	Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
	Charle have of the gurrent year in the arganization's first on a non-functional		- d T 111 d		

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014

a b

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page 8
Schedule A (Form 990 or 990-EZ) 2014 THE SEMI J. & RUTH W. BEGUN FOUNDATION  Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	17a or 17b, and Part III, Irr	e 12
Also complete this part for any additional information. (See instructions)	<u> </u>	
	-	
SCHEDULE A, PART IV, LINE 6		
GRANTS WERE MADE TO FURTHER THE PURPOSES OF THE FEDERATION IN		
ACCORDANCE WITH THE REQUIREMENTS OF IRC SECTION 509(A)(3). A LIST OF		
SUCH GRANTS IN EXCESS OF \$5,000 IS INCLUDED ON SCHEDULE F & I.		
	-	
	<del>_</del>	
	- · -	
	<del></del>	
	<del></del>	

(Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE SEMI J. & RUTH W. BEGUN			34-1594565
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simil	ar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6		
		(a) Donor advised fund	ls (	b) Funds and other accounts
1	Total number at end of year			·
	•			
2	Aggregate value of contributions to (during year)		·	
3	Aggregate value of grants from (during year)		-	
4	Aggregate value at end of year		1	
5	Did the organization inform all donors and donor advisors in		donor advised fun	
	are the organization's property, subject to the organization's	<u>-</u>		L Yes      L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fur	nds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any othe	er purpose confer	ring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to F	orm 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation	on of a historically	important land area
	Protection of natural habitat	Preservation	on of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution i	n the form of a co	onservation easement on the last
	day of the tax year			
	,			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		•	2b
c	Number of conservation easements on a certified historic st	nucture included in (a)	•	2c
_	Number of conservation easements included in (c) acquired	• •	torio etnictura	
u	listed in the National Register	arter 6/17/00, and not on a first	toric Structure	
_	<u> </u>			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguisned, or termin	ated by the organ	lization during the tax
	year >			
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	<del></del> _	
5	Does the organization have a written policy regarding the pe	<del>-</del> •	andling of	<del></del> 1
_	violations, and enforcement of the conservation easements	•		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting		•	<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and			· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of s	ection 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	•		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue ar	nd expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that	describes the org	ganization's accounting for
_	conservation easements			
Par	t III Organizations Maintaining Collections of	•	res, 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 (A	SC 958), not to report in its reve	enue statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research	in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue	statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items:		•	
	(i) Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		- •	<b>S</b>
2	If the organization received or held works of art, historical tre	easures or other similar assets	for financial cain	
-	the following amounts required to be reported under SFAS 1			Provide
_		i to (AGO 300) relating to these	noms.	<b>~</b> ¢
	Revenue included in Form 990, Part VIII, line 1		•••	<b>5</b>
D	Assets included in Form 990, Part X			<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche Par	/	& RUTH W. BEGU		acuras ar Oth	or Sin	34-15945			age <b>2</b>
3	Using the organization's acquisition, accessing	on, and other record	s, check any of the t	following that are a	significa	int use of its o	collection	n item:	3
	(check all that apply):								
a	Public exhibition	d		nange programs					
þ	Scholarly research	е	Other						
С	Preservation for future generations						V		
4	Provide a description of the organization's co	•	•	-		· ·	XIII.		
5	During the year, did the organization solicit o				ar assets	s	1	_	1
<b>D</b>	to be sold to raise funds rather than to be ma				<u></u>	<u> L</u>	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" to	o Form s	990, Part IV, II	ne 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	ot includ	ea r	1		1
	on Form 990, Part X?				-	L	」 Yes	L	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				_		
					-		Amoun	<u>t                                      </u>	
	Beginning balance .				1				
	Additions during the year				. 10	d			
е	Distributions during the year				10	e			
f	Ending balance				1	<u>f  </u>	<del>,</del>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	olity?		Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII								<u></u>
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to For	m 990, Part IV, line	10.				
	:	(a) Current year	(b) Prior year	(c) Two years back	(d) Thr	ee years back	(e) Four	years	<u>back</u>
1a	Beginning of year balance	246,797.	219,812.	209,176,		221,811.			
b	Contributions .							200,	000.
С	Net investment earnings, gains, and losses	7,692.	36,545.	20,281,		<7,086.	>	21,	933.
d	Grants or scholarships	8,940.	8,762.	8,892.		4,531.			
е	Other expenditures for facilities	-							
	and programs								
f	Administrative expenses	870.	798.	753,		1,018,			122.
g	End of year balance	244,679.	246,797.	219 812		209,176.		221	811.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	)) held as:				·	
а	Board designated or quasi-endowment	100.00	%						
b	Permanent endowment	%	<del>_</del>						
C	Temporarily restricted endowment ▶	<del></del> %							
-	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%							
3а	Are there endowment funds not in the posse		ation that are held a	nd administered for	the ora	anization			
•	by				<b>3</b>		[	Yes	No
	(i) unrelated organizations						3a(i)		x
	(ii) related organizations						3a(ii)		X
<b>h</b>	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R2				3b		
1	Describe in Part XIII the intended uses of the	•				•	1 00		
Pai	rt VI Land, Buildings, and Equipm	<del></del>	A THORIT IUIUS						
	Complete if the organization answere		). Part IV. line 11a. S	ee Form 990. Part X	(, line 10	)			
	Description of property	(a) Cost or o			Accumu		(d) Boo	k valu	—— е
	bescription of property	basis (investr	1	' '	epreciat		(4) 500	ii vala	-
10	Land		,	· · · · · · · · · · · · · · · · · · ·					
	Buildings								
0	· ·			<del></del>					
C L	Leasehold improvements								—
<b>a</b>	Equipment .								
	Other  1. Add lines 1a through 1e (Column (d) must e	ogual Form 000 Port	Y column (P) line 1				_		0.
ma	. eva mes la unoma de a comun los musi f		7. CUIUIIII IOI, IIIIE 1	171 4 . 7					U

Schedule D (Form 990) 2014

432053

Schedule D (Form 990) 2014

Sched	dule D (Form 990) 2014 THE SEMI J. & RUTH W. BEGUN FOUN		34-1594565 Page
Part			ue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a.	<del></del>
	Total revenue, gains, and other support per audited financial statements		1-1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1	
	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities	2b	
	Recoveries of prior year grants	. 2c	
	Other (Describe in Part XIII ) Add lines 2a through 2d	2d	2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	3
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII )	4b	
	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
	t XII Reconciliation of Expenses per Audited Financial	Statements With Exper	nses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a	
1 .	Total expenses and losses per audited financial statements		1
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a l	Donated services and use of facilities	2a	
b I	Prior year adjustments	2b	
C	Other losses	2c	
d (	Other (Describe in Part XIII.)	2d	
e /	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	e 18.)	5
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provid		-ait v, iiiie 4, Fait A, iiiie 2, Fait Ai,
	<del>-</del>		
-			<del>.</del>
	<u> </u>		<u></u>
_			
			<del></del>

### SCHEDULE F (Form 990)

Department of the Treasury

### **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.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

THE SEMI J. & RUTH W. F	BEGUN FOUNDAT	TION		34-1594565	
			side the United States. Comple		Yes" on
Form 990, Part IV					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gr		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
•	nbe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance out	tside the
United States.					
	,	1	an be duplicated if additional space is i		T
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents, and independent	services, investments, grants to	describe specific type	for and
		contractors	recipients located in the region)	of service(s) in region	investments in region
		ın region			og.on
MIIDLE EAST AND				GRANT MONITORING AND	
NORTH AFRICA	o	0	PROGRAM SERVICES	PROGRAM DEVELOPMENT	126,530.
MONTH III NI CII			ROGIGAT BERCYTCHS	I ROGIGIA DEVENOTADAS	120,330.
-					
				!	
					<del> </del>
					1
		ŀ			
	}				
					]
<del></del>	ļ				ļ
3 a Sub-total	<u> </u>	0			126,530.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a		_			
and 3b)	ion Act Notice		tions for Form 200	0.6	126,530.
LHA For Paperwork Reduct	JUIT ACT NOTICE,	see the instruc	いいち は しいい シシリ	Schedule F	(Form 990) 2014

432071 09-24-14

Schedule F (Form 990) 2014

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

Page 2

34-1594565

(i) Method of valuation (book, FMV, appraisal, other)						1	0	Schedule F (Form 990) 2014
(h) Description of non-cash assistance								Schedul
(g) Amount of non-cash assistance	0					xempt by		
(f) Manner of cash disbursement						recognized as tax-e.		
(e) Amount of cash grant	126,530,					foreign country,		
(d) Purpose of grant	RECOMMENDATION: TEACHING SOCIAL SKILLS TO PREVENT VIOLENCE PROGRAM AT					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region	MIDDLE EAST AND NORTH AFRICA		:			as listed above that are least provided a section	r entities	
(b) IRS code section and EIN (if applicable)						recipient organization	other organizations o	
f (a) Name of organization						2 Enter total number of r the IRS, or for which th	3 Enter total number of other organizations or entities	

SEE PART V FOR COLUMN (D) DESCRIPTIONS

30

432072 09-24-14

(h) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

(g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2014

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2014

Yes 🗓 No

for Form 5713, do not file with Form 990)

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ■ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2014

**LO 14**Open to Public

Inspection

ž **Employer identification number** SOCIAL SKILLS TRAINING TO PREVALENCE OF VIOLENT (h) Purpose of grant or assistance 34-1594565 ACTS AND ASOCIAL ĭ Yes HELP REDUCE THE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ecipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 39,940 (c) IRC section if applicable THE SEMI J. & RUTH W. BEGUN FOUNDATION 501(C)(3) 34-1399911 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? SOCIETY FOR PREVENTION OF VIOLENCE 1 (a) Name and address of organization WARRENSVILLE HEIGHTS, OH 44128 4645 RICHMOND RD., SUITE 103 or government Name of the organization Part I Part II

FAST FORWARD; TO SUPPORT APPLIED SOCIAL SCIENCES /IOLENCE PREVENTION AS THE KNOW ABUSE PROGRAM PART OF THE SCHOOL OF STABILIZING FAMILIES: 2015 ANNUAL CAMPAIGN ENDING THE CYCLE OF DOMESTIC VIOLENCE SEGULA 0, o o ö o 25,000 450,000, 331,000, 25,000 100,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 34-1018992 20-5473832 34-0714441 34-0714554 JEWISH FAMILY SERVICE ASSOCIATION CASE WESTERN RESERVE UNIVERSITY 3659 SOUTH GREEN ROAD SUITE 322 JEWISH FEDERATION OF CLEVELAND STRENGTHENING SERVICES - 2740 CHAIN BRIDGE ROAD SUITE 123 CLEVELAND HEIGHTS, OH 44118 25701 SCIENCE PARK DRIVE FAMILY PRESERVATION AND 10900 EUCLID AVENUE CLEVELAND, OH 44106 BEACHWOOD, OH 44122 CLEVELAND, OH 44122 VIENNA VA 22181

CLEVELAND - 2030 SOUTH TAYLOR RD

JEWISH EDUCATION CENTER OF

432101

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) THE SEMI J. & RUTH W. E	& RUTH W. BEGUN FOUNDATION	NOI			34-1594565 Page
r Assistance to Domes' plicated if additional spa	. Complete if the	organization answe	ared "Yes" to Form 9	90, Part IV, line 22.	
(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
		į			
Part IV   Supplemental Information. Provide the information required		ie 2, Part III, column	(b), and any other a	in Part I, line 2, Part III, column (b), and any other additional information	
PART I, LINE 2:					
GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN	A GRANT AWARD LETTER	D LETTER			
THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT I	NT INCLUDING HOW THE	HOW THE			
DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING	ND REPORTING				
REQUIREMENTS, THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL GRANTEES	PORTS FROM A	LL GRANTEES			
WITHIN 6-9 MONTHS OF RECEIVING THE GRANT, IN SELECTED	CASES	SITE VISITS			
ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS.	GRAMS,				
PART II. LINE 1. COLUMN (H);					
5-14		35			Schedule I (Form 990) (2014

Schedule I (Form 990) (2014)

Schedule I	(Form 990) THE SEMI J. & RUTH W. BEGUN FOUNDATION  Supplemental Information	34-1594565	Page 2
Part IV	Supplemental Information		
NAME OF_	ORGANIZATION OR GOVERNMENT: SOCIETY FOR PREVENTION OF VIOLENCE		
(H) PURP	OSE OF GRANT OR ASSISTANCE: SOCIAL SKILLS TRAINING TO HELP		
<u>,,,</u>		<u> </u>	
REDUCE T	HE PREVALENCE OF VIOLENT ACTS AND ASOCIAL BEHAVIORS OF CHILDREN		
AND ADUL	<u>rs</u>		
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### SCHEDULE J (Form 990)

**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.

2014

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Name of the organization

Department of the Treasury

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

THE SEMI J. & RUTH W. BEGUN FOUNDATION

34-1594565

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		ļ	
	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			İ
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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		i	
	contingent on the revenues of			
а	The organization?	5a		Х_
b	Any related organization?	_5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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

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

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

						Ţ		
i		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(0)(0)(0)	reported as deferred . In prior Form 990
(1) HEDY P MILGROM	(i)	0	0	0.	0	0	0.	0
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REIS	ε	0	0	0.	0	0,	0	0
	(ii)	261,017.	0.	6,807.	13,000.	22,262,	303,086.	0
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Schedule J (Form 990) 2014

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## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization THE SEMI J. & RUTH W. BEGUN FOUNDATION Employer identification number

	THE SEMI J. & RUTH	W. BEGUN	FOUNDATION			34-	1594565		
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1		Method on noncash con	(d) of determin itribution ai		S
1	Art - Works of art								
2	Art - Historical treasures		-						
3	Art - Fractional interests								
4	Books and publications								
	Clothing and household goods							_	
6	Cars and other vehicles							_	
7	Boats and planes								
8	Intellectual property								
	Securities - Publicly traded	х	1	1,009,042,	FAIR	MARKET V	ALUE		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -						•		
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy				<u> </u>				
22	Historical artifacts				<u> </u>				
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( RECEIVABLE )	<u> x</u>	1	23,000,000.	FAIF	R MARKET V	ALUE		
26	Other • ()								
27	Other • ()			<u> </u>					
28	Other (								
29	Number of Forms 8283 received by the organ		= -						
	for which the organization completed Form 82	283, Part IV,	Donee Acknowledg	gement . 29				1	
								Yes	No_
30a	During the year, did the organization receive to	-			-				
	must hold for at least three years from the da		al contribution, and	d which is not required to t	e used	i for			Í
	exempt purposes for the entire holding period	l?	• ••				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II					_			
31	Does the organization have a gift acceptance					s?	31		<u> </u>
32a	Does the organization hire or use third parties	or related o	rganızations to solı	cit, process, or sell nonca	sh				
	contributions?			•	•		32a	Х	
	If "Yes," describe in Part II.		_						
33	If the organization did not report an amount in	n column (c)	for a type of prope	rty for which column (a) is	checke	≀ <b>a</b> ,			ĺ
	describe in Part II		<del></del>			<del></del>		l	

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

Schedule M (Form 990) (2014)

Schedule M	(Form 990) (2014) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565 <u></u>	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the orgar a combination of both. Also c	nization omplete
SCHEDULE	M, LINE 32B:		
THE ORGAL	NIZATION USES THIRD PARTY BROKERS TO DISPOSE OF DONATED		<del>.</del>
<u>MARKETABI</u>	E SECURITIES. IN ADDITION, THE ORGANIZATION DOES NOT HIRE OR		
USE ANY I	RELATED ORGANIZATIONS TO SOLICIT, PROCESS OR SELL NON-CASH		
CONTRIBU	rions,		
THE ORGAL	NIZATION FOLLOWS THE PRINCIPLES OF THE GIFT ACCEPTANCE POLICY		
OF THE F	EDERATION, THE SUPPORTED ORGANIZATION, FOR NON-STANDARD		
CONTRIBU'	TIONS,		
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-1594565 FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: CLEVELAND. IN PARTICULAR, TO FURTHER THE FEDERATION'S COMMUNITY RELATIONS OBJECTIVES BY SUPPORTING, SPONSORING, INITIATING AND MONITORING PROGRAMS AND ACTIVITIES DESIGNED TO REDUCE PHYSICAL AND VERBAL VIOLENCE IN SOCIETY. WITHOUT LIMITATION, SUCH PROGRAMS OR ACTIVITIES MAY INCLUDE THOSE DESIGNED TO EDUCATE THE VERY YOUNG. TRAIN TEACHERS ON THIS SUBJECT, EDUCATE PARENTS TO REINFORCE THESE EFFORTS AND OTHERWISE EDUCATE THE PUBLIC IN AN EFFORT TO DEVELOP AND FOSTER PRO-SOCIAL SKILLS AMONG PEOPLE AND PREVENT VIOLENCE BETWEEN PEOPLE FORM 990, PART VI, SECTION A, LINE 2: BARRY REIS AND HEDY MILGROM HAVE A BUSINESS RELATIONSHIP. THEY ARE OFFICERS OR EMPLOYEES OF THE FEDERATION. THE SUPPORTED ORGANIZATION FORM 990 PART VI SECTION A LINE 6: TWO CLASSES OF VOTING MEMBERS: (A) THE FEDERATION MEMBER WHICH HAS A MAJORITY OF THE MEMBER VOTING POWER AND IS THE JEWISH FEDERATION OF CLEVELAND (FEDERATION), THE SUPPORTED ORGANIZATION (HEREAFTER "SUPPORTED ORGANIZATION"), AND (B) DONOR MEMBER(S) - INDIVIDUALS WHO HAVE IN THE AGGREGATE A MINORITY OF THE MEMBER VOTING POWER FORM 990 PART VI SECTION A LINE 7A:

FORM 990 PART VI SECTION A LINE 7B:

MEMBER(S) ELECT A MINORITY OF THE BOARD OF TRUSTEES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

THE FEDERATION MEMBER ELECTS A MAJORITY OF THE BOARD OF TRUSTEES; THE DONOR

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization  THE SEMI J. & RUTH W. BEGUN FOUNDATION	Employer identification number 34-1594565
THE SENT O. & NOTH W. DEGON FOUNDATION	1 24-1334303
ENSURE THAT A STATEMENT IS OBTAINED FROM EACH KEY INDIVIDUAL, THE	
TREASURER OF THE FOUNDATION (WHO IS ALSO CFO 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.	
AND NOT VOID.	
FORM 990, PART VI, SECTION B, LINE 15:	
FORM 990, PART VI, SECTION B, LINE 15A AND 15B: 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.	
COLL MANAGEMENT	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	
ARE NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990 PART XII LINE 2(B) AND 2(C)- FINANCIAL STATEMENTS AND REPORTING	
ALTHOUGH THE FOUNDATION'S 12/31/2014 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	<del>-</del>
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 CONSOLIDATED 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. 432212 68-27-14	Schedule O (Form 990 or 990-EZ) (2014

Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization	Employer identification number
	34-1594565
THE SEMI J. & RUTH W. BEGUN FOUNDATION	1 34-1374303
	<u>.</u>
	<del></del>

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

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

■ Attach 10 Form 990, and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No 1545-0047

(g) Section 512(b)(13) ŝ Employer identification number × controlled entity? Direct controlling entity 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 FWISH FEDERATION TEWISH FEDERATION FWISH FEDERATION 34-1594565 Direct controlling OF CLEVELAND OF CLEVELAND OF CLEVELAND End-of-year assets **e** status (if section Public charity 501(c)(3)) 11A TYPE 1 11A TYPE 1 11A TYPE 1 Total income Exempt Code ਉ section 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) OHIO OHIO OIHC SDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS DUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION URPOSES OF FEDERATION PURPOSES OF FEDERATION Primary activity Primary activity SUPPORT CHARITABLE, SUPPORT CHARITABLE SUPPORT CHARITABLE THE SEMI J. & RUTH W. BEGUN FOUNDATION ALEX & ANNE MILLER FAMILY CHARITABLE FUND ALLEN & RUTH MILLER FAMILY FOUNDATION Name, address, and EiN (if applicable) 31-1204735, 25701 SCIENCE PARK DRIVE 31-1502113, 25701 SCIENCE PARK DRIVE ADLER FAMILY FOUNDATION - 34-1858749 Name, address, and EIN of related organization of disregarded entity CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 25701 SCIENCE PARK DRIVE Name of the organization Part II Part

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

Schedule R (Form 990) 2014

JEWISH FEDERATION

OF CLEVELAND

11A TYPE 1

501(C)(3)

IDUCATIONAL AND RELIGIOUS

SUPPORT CHARITABLE,

BENNETT & DONNA YANOWITZ FAMILY FOUNDATION

34-1562999, 25701 SCIENCE PARK DRIVE,

CLEVELAND OH 44122-7302

URPOSES OF FEDERATION

Page 2 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 34-1594565 Schedule R (Form 990) 2014 THE SEMI J. & RUTH W. BEGUN FOUNDATION Part III

General or Percentage managing ownership Schedule R (Form 990) 2014 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Percentage ownership Yes No  $\epsilon$ Code V.UBI amount in box n 20 of Schedule L K.1 (Form 1065) Share of end-of-year assets (g Disproportionate Yes allocations? Ξ Share of total income Ξ Share of end-of-year assets <u>6</u> Type of entity (C corp., S corp. or trust) **e** Share of total income (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) 52 છ Direct controlling entity Primary activity <u>e</u> Legal domicife (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 432162 08-14-14 Part IV

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

יוומן אמט ווסר מו פומיסט פון ווסר מייט וויסר מייט וויסר מייט פון מייסי מייט וויסר מייט ו			and working		9	1	14	(5)	9		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Predominant income particle (1907)	Are all 501(c)(3)	(1) Share of total	(9) Share of end-of-year	Dispropor- tionate allocations?	Disproper- Code V-UBI General or Percentage Juna amount in box 20 managing ownership	General c managin partner?	r Percentage ownership	
		country)	sections 512-514) Ye	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No		
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Schedule R (FORM 990) 2014 THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page 5
Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R (see instructions).		
SCHEDULE R. PART II COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
CONTINUATION OF PRIMARY ACTIVITY:		
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOUNDATION:		<del></del>
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PROMOTION OF QUALITY JEWISH EDUCATION		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
COMMISSION ON CEMETERY PRESERVATION:		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,		
INCLUDING THE PRESERVATION OF JEWISH CEMETERIES		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
JEWISH COMMUNITY HOUSING, INC.:		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,	<del></del>	
INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND THE DISABLED		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
THE HARRY RATNER HUMAN SERVICES FUND:		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,		
INCLUDING ASSISTING THE INDIGENT AND HOLOCAUST SURVIVORS WITH MEDICAL		
AND BASIC FAMILY NEEDS		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
LAURA & ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES EDUCATIONAL FOUNDATION;		
432165 08-14-14	Schedule R (For	rm 990) 2014

Schedule R (Form 990) 2014  THE SEMI J. & RUTH W. BEGUN FOUNDATION  Part VII Supplemental Information	34-1594565	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions)		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PROMOTION OF QUALITY LIFE-LONG JEWISH LEARNING		<del></del>
OPPORTUNITIES		
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Schedule R (Form 990)

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(a)	(q)	(၁)	<del>©</del>	(e)	<b>£</b>	(g) Section 512(bY13)	(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	ed ion?
		•		501(c)(3))		Yes	8
BLUMENTHAL FAMILY FOUNDATION - 34-1832963	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		•
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
CHELM FAMILY FOUNDATION - 30-0226826	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDIN -	SEE SCHEDULE R, PART VII,						
34-0714599, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
COMMISSION ON CEMETERY PRESERVATION -	SEE SCHEDULE R, PART VII,						
34-1771506, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAN AND ELLEN ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
38-3876650, 25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE	SUPPORT CHARITABLE,						
FOUNDATION - 34-1806783, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		X
DAVID AND ENID ROSENBERG FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
37-1777614, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID AND INEZ MYERS FOUNDATION - 34-6560945	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID AND ROBERT STEIN FOUNDATION -	SUPPORT CHARITABLE,						
34-1466318, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MYRON NICKMAN	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916911, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS						
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	1	×
ELLEN E, & VICTOR J, COHN SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 31-1606939, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	_	
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОТНО	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
FEDERATION HOLDINGS, INC 23-7133908							
25701 SCIENCE PARK DRIVE	HOLDS LEGAL TITLE TO				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	DONATED REAL ESTATE	отно	501(C)(2)	N/A	OF CLEVELAND		×

THE SEMI J. & RUTH W. BEGUN FOUNDATION

(a)	(g)	(0)	<b>©</b>	(e)	£	( <u>6</u> )	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(13)
of related organization	•	foreign country)	section	status (if section 501(c)(3))	entity	organization?	٠ ا
FGI FOUNDATION - 34-1916912	SUPPORT CHARITABLE,					-	
PARK DRIVE	EDUCATIONAL AND RELIGIOUS		<u>.</u>		JEWISH FEDERATION		•
2	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,						
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			.,	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
JEWISH COMMUNITY HOUSING INC, - 34-1276120	SEE SCHEDULE R, PART VII,						
25701 SCIENCE PARK DRIVE	SUPPLEMENTAL INFORMATION			• •	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
JEWISH FEDERATION OF CLEVELAND - 34-0714445	GRANTS & ALLOCATIONS FOR						
25701 SCIENCE PARK DRIVE	CHARITABLE, EDUCATIONAL						
CLEVELAND, OH 44122-7302	AND RELIGIOUS PURPOSES	оню	501(C)(3)	7	N/A	×	
LADER FAMILY FOUNDATION - 31-1566160	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			• •	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDIN	SEE SCHEDULE R, PART VII,						
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION		-		JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оню	501(C)(3)	7	OF CLEVELAND	×	
LAWRENCE C. SHERMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1806781, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			.,	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
MANDEL SPPRTING FDTNS-JACK N. AND LILYAN	SUPPORT CHARITABLE,					_	
. FUND - 34-1350566,	25701 SCIENCE PARK EDUCATIONAL AND RELIGIOUS					-	
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	DHIO	b01(C)(3)	LIA TYPE L	OF CLEVELAND	×	

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Schedule R (Form 990) THE SEMI C

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(a)	(q)	(2)	9	(e)	<b>£</b>	(b)	ć
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	<u> </u>
כן פומנסט סופמים ויצמניסט		ioreign country)		501(c)(3))		Yes No	ا ا
MANDEL SPPRTING FDINS-JOSEPH C, AND FLORENCE	SUPPORT CHARITABLE,						
MANDEL FUND - 34-1350568, 25701 SCIENCE PARK	25701 SCIENCE PARK EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		•
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MANDEL SPPRTING FDINS-MORTON L, AND BARBARA	SUPPORT CHARITABLE,						
MANDEL FUND - 34-1350570, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MEISEL FAMILY FOUNDATION - 31-1583883	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MICHAEL & ANITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1832962, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MILDRED & MARTIN BECKER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1711965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MILLER GOOD FAMILY CHARITABLE FOUNDATION -	SUPPORT CHARITABLE,						
34-1832965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
NAOMI G. & EDWIN Z. SINGER FAMILY FUND -	SUPPORT CHARITABLE,						
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE,						
34-1458950, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			<u> </u>	JEWISH FEDERATION		
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	ĺ
NATHAN L, & REGINA HERMAN CHARITABLE FUND -	SUPPORT CHARITABLE,						
34-1344368, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
NINA & NORMAN WAIN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502119, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
OSTARA - 31-1606934	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	IAL				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	DHIO	501(c)(3)	11A TYPE 1	OF CLEVELAND	×	

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(a)	<b>(</b> a)	(2)	Đ	(e)	£	(g)	677
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	() ()
of related organization		foreign country)	section	status (if section	entity	jaza	- Lu
				((0)(0)		Yes	٥ N
PEGGY AND JOHN GARSON FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1916905, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		•
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
PHYLLIS & DEBRA ANN NOVEMBER CHILDREN'S FUND	SUPPORT CHARITABLE,						
- 31-1566156, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND	*	
RINA & SAMUEL M, FRANKEL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502121, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	OIHO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
ROBERT AND SUSAN R, HURWITZ FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916908, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
ROBERT S. & SYLVIA K, REITMAN FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 31-1502117, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОПО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
SCHOLNICK FAMILY FOUNDATION - 61-1749334	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	OIHO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
SIMON FAMILY FOUNDATION - 34-1808584	SUPPORT CHARITABLE,					_	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
THE HARRY RATNER HUMAN SERVICES FUND -	SEE SCHEDULE R, PART VII,						
34-1360076, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
THE IMMERMAN FOUNDATION - 34-1533181	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
THE MT, SINAI HEALTH CARE FOUNDATION -	SUPPORT CHARITABLE,						
34-1777878, 11000 EUCLID AVE, CLEVELAND, OH	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
44106	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
THE RIMON XLI FOUNDATION - 34-1916913	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	_	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	

THE SEMI J. & RUTH W. BEGUN FOUNDATION

34-1594565

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(g) Section 512(b)(13) controlled Ŷ organization? × Yes FWISH FEDERATION JEWISH FEDERATION Direct controlling OF CLEVELAND OF CLEVELAND entity Public charity status (if section 501(c)(3)) 11A TYPE 1 11A TYPE 1 Exempt Code section 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) DHIO EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS URPOSES OF FEDERATION URPOSES OF FEDERATION Primary activity SUPPORT CHARITABLE, SUPPORT CHARITABLE, ZILBER FAMILY FOUNDATION - 34-1711966 WOLF FAMILY FOUNDATION - 34-1638259 Name, address, and EIN of related organization CLEVELAND, OH 44122-7302 CLEVELAND OH 44122-7302 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE