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Address change

Name change

]Initial return

Final return

Applica

U Website: ► N/A

Part I Summary

B

Governance

Activities &

Revenue

12

13

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Inspection Information about Form 990 and its instructions is at www.irs.gov/form990 For the 2014 calendar year, or tax year beginning and ending D Employer identification number C Name of organization CITY OF CLEVELAND CABLE TELEVISION 34-1832689 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1300 216-861-3810 1422 EUCLID AVENUE <u>399,560.</u> G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code 44115-2015 CLEVELAND, OH H(a) Is this a group return F Name and address of principal officer. STEVEN A MINTER Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? 13 Tax-exempt status X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1995 M State of legal domicile: OH Trust Association Briefly describe the organization's mission or most significant activities. THE ORGANIZATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, AND TO CARRY OUT Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. b Net unrelated business taxable income from Form 990-T, line 34 RECEIVED **Prior Year Current Year** <u>0.</u> Contributions and grants (Part VIII, line 1h) RS-OSC Ō. 0 Program service revenue (Part VIII, line 2g) 219  $12\overline{1,679}$ |aga| 7a) NOV 2 J 2015 274, Investment income (Part VIII, column (A), lines 3, 4, 0 5,846. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 274,219 127,525. Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)

162,000.

	14	Beliefits paid to or for members (Fart IX, Column (X), into 4)	1 * *1	• •
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
g.	b	Total fundraising expenses (Part IX, column (D), line 25)		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,532.	42,124.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	203,532.	42,124.
	19	Revenue less expenses. Subtract line 18 from line 12	70,687.	85,401.
ces			Beginning of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)	4,174,730.	4,363,179.
ASS	21	Total liabilities (Part X, line 26)	0.	0.
캺	22	Net assets or fund balances Subtract line 21 from line 20	4,174,730.	4,363,179.
		Signature Block		

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

Sign Here	Signature of officer  ELIZABETH HONOLD, TREA Type or print name and title	SURER		11/16/2015
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN If self-employed
Preparer	Firm's name			Firm's EIN
Use Only	Firm's address			Phone no.
		0 (		V Y M

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

Grants and similar amounts paid (Part IX, column (A),-lines-1-3)

Form 990 (2014)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 11-07-14 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- Contract			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_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<del></del>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	$\neg \neg$	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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?	_		X
40	If "Yes," complete Schedule D, Part IV	9		
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		13.5	<u>~</u>
••	as applicable.		4.4	
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
đ	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
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		.,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<del> </del>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del></del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del>                                     </del>	<del></del>
D	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
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></u>	Х
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>
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	<u> </u>	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ऻ
			990	(2014)

<u>, Pa</u>	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
<b>h</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			-
C	•	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	-	<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		<del>  ^</del> `
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056	ĺ	x
	Schedule L, Part I	25b	<del>                                     </del>	1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
	complete Schedule L, Part II	26	<del>                                     </del>	┝ˆ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	r		1
	instructions for applicable filing thresholds, conditions, and exceptions):		1	- V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	<del>  ^</del>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<b> </b> ₩
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	├	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠ <u>.</u>
	contributions? If "Yes," complete Schedule M	30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
	If "Yes," complete Schedule N, Part I	31	<b>├</b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		٠,
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		٠.,	
	Part V, line 1	34	X	<del> </del>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b>├</b>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del>  </del>	ـــــ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<b> </b>	<u> </u>
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11h and 192	1	1	1

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
þ	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
Ь	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₹.	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	46-	l	v
a	The organization's CEO, Executive Director, or top management official	15a	<del> </del>	X
b	Other officers or key employees of the organization	15b	<del>                                     </del>	
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	-	X.
	taxable entity during the year?	loa	-	
Ю	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			
		16b	ł	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	LIOD	·	L
	List the states with which a copy of this Form 990 is required to be filed ▶OH			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availet		
18	for public inspection. Indicate how you made these available. Check all that apply.	avanal	,ı. <del>.</del>	
	Own website			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial	
19	statements available to the public during the tax year.	u miai	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	ELIZABETH HONOLD - 216-861-3810			
	1422 EUCLID AVE., CLEVELAND, OH 44115-2015			
43200	6 11-07-14	Forn	990	(2014)

# 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

X

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

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

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

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

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

(A)	(B)	0.95			) ()	прс	1301	ed any current officer, (D)	(E)	(F)
Name and Title	Average hours per week	Бoх,	Posit (do not check m box, unless pers officer and a dire			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVEN A. MINTER	1.00	,								•
PRESIDENT & TRUSTEE	0 50	X		<u> </u>	-	<u> </u>	lacksquare	0.	0.	0.
(2) YVONNE POINTER	0.50	x				1		0.	0.	•
VICE PRESIDENT & TRUSTEE  (3) MARIA L. SPANGLER	0.50	Δ		$\vdash$	┢	⊢	-	0.	0.	0.
(3) MARIA L. SPANGLER TRUSTEE	0.50	x						0.	0.	0.
(4) MIA L. MOORE	0.50	Δ	-	-		-			0.	
TRUSTEE	0.50	x				ŀ		0.	0.	0.
(5) HILARY S. TAYLOR	0.50		-	$\vdash$	┢	┢	H		0.	- 0 •
TRUSTEE	0.30	x	l					0.	0.	0.
(6) ROBERT ECKARDT	0.50			_	-	┢		_ <del></del>		
TRUSTEE		x				l		٥.	263,041.	52,174.
(7) HONORABLE TERRILL PRUITT	0.50		$\vdash$							
TRUSTEE		х						0.	0.	0.
(8) KATHY ALLEN	0.50									
TRUSTEE		X						0.	0.	0.
(9) HONORABLE KEVIN J KELLEY TRUSTEE	0.50	x						0.	0.	0.
(10) NELSON BECKFORD (UNTIL 3/28/14) SECRETARY	0.50			х				0.	18,632.	6,942.
(11) KRISTI ANDRASIK (EFF 12/4/14) SECRETARY	0.50			x				0.	56,889.	15,761.
(12) ELIZABETH HONOLD TREASURER	0.50			X				0.	90,028.	39,166.
								_		

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	_	Check if Schedule O cont	ains a response	or note to any line		(B)	(C)	/B\
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
tl 1	а	Federated campaigns	1a					
링	b	Membership dues	1b			}		
\ <u>\</u>	C	Fundraising events	1c			j		
<u>a</u>	d	Related organizations	1d			1		
<u>Ē</u>	е	Government grants (contribut	tions) 1e					
<u>r</u>	f	All other contributions, gifts, gran	nts, and					
		similar amounts not included abo	ove 1f					
and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>a</u>	h	Total. Add lines 1a-1f						<u> </u>
				Business Code				
2	а							
9	b							-
[e]	С							
e l	d					<u> </u>	<del>-</del>	
Revenue	e		<del></del>		<u> </u>			<del></del>
'		All other program service revi	enue					<del>-</del>
<del>                                     </del>		Total. Add lines 2a-2f	daudonda intor	not and			<u> </u>	[
3		Investment income (including other similar amounts)	j dividends, intere	est, and	81,232.			81,232.
4		Income from investment of ta	v.evemnt bond r	·	01/2021		<del></del>	02,232
5		Royalties	ix-exempt bond p	oroceeds -				_
1		noyanies	(i) Real	(ii) Personal				-
ء ا	а	Gross rents	(7.104)	\(\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)				
		Less rental expenses						
		Rental income or (loss)				]		
		Net rental income or (loss)		<b>•</b>				
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	312,482.					
	b	Less: cost or other basis						
		and sales expenses	272,035.					
	С	Gain or (loss)	40,447.					
	d	Net gain or (loss)		<b>•</b>	40,447.			40,447.
<u>o</u> 8	а	Gross income from fundraising	ng events (not					
eune		ıncludıng \$	of					
		contributions reported on line	e 1c) See			ļ		
Other Rev		Part IV, line 18	а					
듄		Less direct expenses	b	L	-		-	_
		Net income or (loss) from fun	_	<b>&gt;</b>				
9	а	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gar		<b>P</b>	<del> </del>			<del></del>
10	) a	Gross sales of inventory, less						
		and allowances	a					1
		Less cost of goods sold	b	L				
-	<u> </u>	Net income or (loss) from sal Miscellaneous Reven		Business Code	<del></del>		<u> </u>	<del> </del>
1		Miscellaneous Reven	ue	Business Code				1
וין ו	a			<del></del>		<del> </del>		
	b			<del> </del>		<del>                                     </del>		<del></del>
	q	All other revenue		900000	5,846.	<del> </del>		5,846.
	e	Total. Add lines 11a-11d			5,846.			1 2,010.
	9				127,525.	0.	0	. 127,525.
12	2	Total revenue. See instructions.		<b>■</b> 1	141,343.	·   · · · · · · · · · · · · · · · · · ·	U	•  <u>141,</u> J4J

# Form 990 (2014) CITY OF CLEVE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	X
	Check if Schedule O contains a respor	se or note to any line in	this Part IX (B)	(c)	(D)
	not Include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16			<del> </del>	<del> </del>
4	Benefits paid to or for members		·		<del></del>
5	Compensation of current officers, directors,			1	
_	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and	I			
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include		<del></del>	<del>                                     </del>	
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<del></del>		<b>†</b>	
10	Payroll taxes				·
11	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,576.		13,576.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				<u>.</u>
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				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization				<del></del>
23	Insurance			<del>                                     </del>	
24	Other expenses, Itemize expenses not covered				
24	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	SEE SCHEDULE O	28,348.		28,348.	
b				1	
c					
d					
	All other expenses	200.	_	200.	
25	Total functional expenses. Add lines 1 through 24e	42,124.	0.	42,124.	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)		<u> </u>	<u> </u>	

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			_1	
	2	Savings and temporary cash investments		70,772.	2	151,182.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ted employees Complete	= +-		
		Part II of Schedule L .			_5_	······
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
şt		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
⋖	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		10c		
	11	Investments - publicly traded securities	2,114,325.	11	2,121,324.	
	12	Investments - other securities. See Part IV, line 1	1	1,989,633.	12	2,090,673.
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	4,174,730.	16	4,363,179.
	17	Accounts payable and accrued expenses		_	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		i	20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	· ·			
≣		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	·		24	<u> </u>
	25	Other liabilities (including federal income tax, pa				1
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
	l .	Schedule D	1	0	25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	1			
Ses	l	complete lines 27 through 29, and lines 33 an	d 34.			_
ā	27	Unrestricted net assets		A 17A 720	27	1 262 170
Ba	28	Temporarily restricted net assets		4,174,730.	28	4,363,179.
힡	29	Permanently restricted net assets	00.050	<del></del>	29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here 🗩 📖			
ō		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	4,174,730.	32	1 363 170
_	33	Total net assets or fund balances		4,174,730.	33	4,363,179.
	34	Total liabilities and net assets/fund balances	<u></u>	4,1/4,/30.	34	4,363,179.

Form **990** (2014)

Form.	990 (2014) CITY OF CLEVELAND CABLE TELEVISION	34-1832	689	Pag	<sub>je</sub> 12
Par	t XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		,174		
5	Net unrealized gains (losses) on investments	5	103	3,0	48.
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,				70
_	column (B))	10   4	,363	3 , <u>1</u>	<u>/9.</u>
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII		—т	Yes	No
	Accounting method used to prepare the Form 990	0	<del></del>	163	140
1			1 1		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	J	_		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	$\dashv$	<del>^</del>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		ļ
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				İ
	—		2b	X	-
D	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	haeie	25		
	consolidated basis, or both.	Dasis,			
	Separate basis		1 1		
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
C	review, or compilation of its financial statements and selection of an independent accountant?	, dadin,	2c	$\bar{\mathbf{x}}$	-
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O	<del>  </del>		$\overline{}$
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja	Act and OMB Circular A-133?	•	3a	-	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

# SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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).

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).

section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in

10 L... 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, its 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 II, 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).

\_\_\_\_1

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed	rganization in your document?	support (see	(vi) Amount of other support (see Instructions)
CLEVELAND FOUNDATION	34-0714588	8	х		28,348.	
Total		_			28,348.	0.

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

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			1					
	ınclude any "unusual grants ")								
2	Tax revenues levied for the organ-						"		
	ızatıon's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities		-						
	furnished by a governmental unit to								
	the organization without charge			<u> </u>					
4	Total. Add lines 1 through 3								
5	The portion of total contributions					1			
	by each person (other than a				İ				
	governmental unit or publicly			j	Í				
	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								
_	ction B. Total Support		<del>r-</del>	<del>_</del>		<del>,</del>	,		
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		<u> </u>		ļ				
8	Gross income from interest,		1						
	dividends, payments received on	!							
	securities loans, rents, royalties								
	and income from similar sources			<del>-</del>		<del> </del>			
9	Net income from unrelated business			1					
	activities, whether or not the								
	business is regularly carried on				1				
10	Other income Do not include gain	1			Ì				
	or loss from the sale of capital		1						
	assets (Explain in Part VI )	<del> </del>		<del> </del>			<del> </del>		
11	Total support. Add lines 7 through 10	L	<u> </u>	.t	<u> </u>	+:-1 -	l		
12		•	•			12			
13	First five years. If the Form 990 is fo		s first, second, th	ira, τουπη, or τιπη τ	tax year as a secti	on 501(c)(3)			
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2014 (			column (f))		14	- %		
	Public support percentage from 2013			\ <i>''</i>		15	%		
	33 1/3% support test - 2014. If the			on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and		
	stop here. The organization qualifies	_					▶□		
t	33 1/3% support test - 2013. If the	organization did ne	ot check a box or	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	this box		
	and stop here. The organization qual	_					ightharpoons		
<b>17</b> a	10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
ı	10% -facts-and-circumstances tes					17a, and line 15 is	10% or		
	more, and if the organization meets t	he "facts-and-circi	umstances" test,	check this box and	d <b>stop here.</b> Expla	ın ın Part VI how th	e		
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a pub	licly supported org	ganization	▶□		
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	7b, check this box	and see instruction	ns 🕨		
					Sch	edule A (Form 99	0 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, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar 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,				1	_	
	merchandise sold or services per-			1			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				1		
3	Gross receipts from activities that				<del>                                     </del>	<u> </u>	
Ŭ	are not an unrelated trade or bus-					ļ	
	iness under section 513						ļ.
4	Tax revenues levied for the organ-	-				<del>†</del>	
7	ization's benefit and either paid to	:	ļ				
	or expended on its behalf						
5	The value of services or facilities			_	-	<u> </u>	
3	furnished by a governmental unit to		İ				
	the organization without charge						
e	Total. Add lines 1 through 5	-	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	
	Amounts included on lines 1, 2, and				<del> </del>	<del> </del>	
18	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received		<u></u>		<del> </del>	<u> </u>	
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year				<del> </del>		
	Add lines 7a and 7b	·-··	<u>.                                    </u>		<del> </del>	<del>                                     </del>	<del> </del>
	Public support (Subtract line 7c from line 6.)		<u> </u>		1		<u> </u>
	<del></del>	(=) 2010	(h) 2011	(=) 2012	(4) 2012	(0) 2014	(6 Total
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6 Gross income from interest,				· · · · · ·		<u> </u>
IU	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			-	+	+	<del>                                     </del>
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975					}	
	•	<u> </u>		<del> </del>	<del></del>	<del> </del>	<del></del>
	Add lines 10a and 10b  Net income from unrelated business			<u> </u>		<del></del>	
11	activities not included in line 10b.		İ				
	whether or not the business is						
40	regularly carried on			<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
12	Other income Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI)		<del> </del>	<del> </del>	<del> </del>	<del> </del>	
	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>	<u> </u>	1	<del></del>		<u> </u>
14	First five years. If the Form 990 is for	r the organization'	s tirst, second, thi	ra, tourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here	ie Cupped D-	roonto-o				
	ction C. Computation of Publ				<del> </del>	11	
	Public support percentage for 2014 (			column (f))		15	%
	Public support percentage from 2013					16	<u>%</u>
_	ction D. Computation of Inve					11	·
	Investment income percentage for 20	•	• •	ne 13, column (f))		17	%
	Investment income percentage from	·	*			18	%
198	a 33 1/3% support tests - 2014. If the	-					17 is not
	more than 33 1/3%, check this box a	•	•	, ,	• • •		
ŧ	33 1/3% support tests - 2013. If the	organization did i	not check a box of	n 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			-			▶
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□
					_		

#### 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 Organizations

- 1 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?
- 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
- 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		<u>X</u>
	3a		x
	3b		'
	3c_		
			- ,;
	_4a_		X
	- <u>-</u>	_	
	4b_		
	4c		
ĺ			
	5a		×
	-		
	5b 5c	-	<del>                                     </del>
	6	x	-
	- 6 -		
	7		х
	8		X
	9a		X
	9b		X
	9c		X
	10a		x
	10b		
_		10-E7	

e	mer	gency temporary reduction (see instructions)	6	<u> </u>	_	
Ţ		Check here if the current year is the organization's first as a non-functionally-	ıntegr	ated '	Type III supporting orga	ınızatıon (see
		instructions).				

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2014

Enter greater of line 2 or line 3

Income tax imposed in prior year

3 4

5

6

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990 EZ) 2014 CITT OF CLEVELIAND CABLE TELEVISION 34-1632669 Page 8  RattVIII Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.  Also complete this part for any additional information. (See instructions)
PART IV, SECTION A, LINE 6:
THE CITY OF CLEVELAND CABLE TELEVISION (CABLE) MAKES GRANTS THAT
BENEFIT OR CARRY OUT THE PUBLIC CHARITABLE AND EDUCATIONAL USES AND
PURPOSE OF THE CLEVELAND FOUNDATION. ALL GRANTS MUST BE MADE TO
ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1) OR (2) OF THE INTERNAL
REVENUE CODE. DURING 2014, CABLE MADE NO GRANTS TO CHARITABLE
ORGANIZATIONS.
POTENTIAL GRANTEE ORGANIZATIONS CAN REQUEST FUNDING FROM CABLE BY USING
THE APPLICATION PROCESS ON THE CLEVELAND FOUNDATION'S WEBSITE.
DECISIONS AS TO THE GRANTEES, AMOUNTS, AND PURPOSES OF GRANTS ARE
DETERMINED BY THE BOARD OF CABLE, A MAJORITY OF WHOM ARE APPOINTED BY
THE CLEVELAND FOUNDATION.
<del></del>

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CITY OF CLEVELAND CABLE TELEVISION

**Employer identification number** 34-1832689

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	•	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or contract advices, or to any other perpendicular	Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	ned conservation contribution in the form	Total contact valient casement on the last
	day of the tax year		Held at the End of the Tax Year
2	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	nucture included in (a)	2c
С 	Number of conservation easements included in (c) acquired	, ,	<del></del>
d	listed in the National Register	arter of 17700, and not on a mistoric struc	2d
3	Number of conservation easements modified, transferred, re	Neased extinguished or terminated by th	
3		seased, extinguished, or terminated by tr	ie organization during the tax
4	year ▶ Number of states where property subject to conservation ea	seament is located	
4 5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
_	Staff and volunteer hours devoted to monitoring, inspecting,		
6	Amount of expenses incurred in monitoring, inspecting, and		
7 8	Does each conservation easement reported on line 2(d) abor		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization	-	
		ation's infamicial statements that describes	sine organization a accounting to
Par	conservation easements t III Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art
Ia	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that described		ance of public service, provide, in rare xiii,
<b>b</b>	If the organization elected, as permitted under SFAS 116 (A)		at and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		edication, of research in furtherance of pr	ublic service, provide the following amounts
	relating to these items		<b>▶</b> ¢
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	and the simple and the form	
2	If the organization received or held works of art, historical tre		iai gain, provid <del>e</del>
	the following amounts required to be reported under SFAS 1	i to (ASC 938) relating to these nems:	<b>.</b>
a	Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2014

	410 0 10 01111 0101	CLEVELAND							Page 2				
Par													
3	Using the organization's acquisition, accessi	on, and other record	is, checi	k any of the	following that are a	significant	use of its	collection	rtems				
	(check all that apply)		_										
а	Public exhibition	d		Loan or exc	hange programs								
b	Scholarly research	е	• []	Other									
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organızatıon's ex	empt purp	ose in Par	t XIII					
5	During the year, did the organization solicit o	r receive donations	of art, hi	stoncal trea	sures, or other simil	ar assets	_	_	_				
	to be sold to raise funds rather than to be ma						<u></u>	Yes	No_				
Par			ete if the	organizatio	n answered "Yes" to	Form 99	0, Part IV, I	ine 9, or					
	reported an amount on Form 990, Par		_										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other assets no	t included	' –	7	_				
	on Form 990, Part X?						L_	J Yes	∟ No				
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table			<del>,</del>						
	Amour												
С	Beginning balance					1c	ļ						
d	Additions during the year					1d	<u> </u>						
е	Distributions during the year					1e	ļ						
f	Ending balance					1f	<u> </u>						
	Did the organization include an amount on Fe					•		」 Yes	Щ No				
	If "Yes," explain the arrangement in Part XIII								<u> </u>				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo				7					
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Three	years back	<b>(e)</b> Four y	years back				
1a	Beginning of year balance					ļ							
b													
С	c Net investment earnings, gains, and losses												
d	d Grants or scholarships												
е	e Other expenditures for facilities												
	and programs				<del></del>								
f	Administrative expenses												
g	g End of year balance												
2	, , , , , , , , , , , , , , , , , , , ,												
	Board designated or quasi-endowment		_%										
	Permanent endowment	%											
С	c Temporarily restricted endowment ▶%												
	The percentages in lines 2a, 2b, and 2c shou	•											
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administered for	the organ	ızatıon	_	<del></del>				
	by.								Yes No				
	(i) unrelated organizations						-	3a(i)	<del></del>				
	(ii) related organizations						-	3a(ii)					
Ь	If "Yes" to 3a(ii), are the related organization:	•						3b					
<b>4</b>	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunds.									
Pai													
	Complete if the organization answere		•		<del></del>	<del></del>		/ N = :					
	Description of property	(a) Cost or o				Accumulat		(d) Book	value				
<del></del>	T	basis (investr	nent)	Dasis	(other) d	epreciatio	<del>'                                    </del>						
	Land						<del></del>						
	Buildings						<del></del>						
	Leasehold improvements		-				-+						
	Equipment								<del></del>				
	Other Add lines 1a through 1e (Column (d) must e	ogual Form 990, Port	Y colu	nn (P) //nc 1	100)		<del>_</del> +		0.				
I OTA	, woo onde is inmorou le il commu di MUST A	uuai runn 330. rdft	A. CUIUI		10.1				U .				

Schedule D	(Form 990) 2014	CITY	
Part VII	Investments - C	Other Sec	u
	Complete if the orga	nization ans	we

E 000 E 111 11	41 0 F 900 Bad V Land C
	1b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value
(b) book value	(c) Method of Valdation Cost of end of year market Valde
156,989.	END-OF-YEAR MARKET VALUE
70,689.	END-OF-YEAR MARKET VALUE
89,178.	END-OF-YEAR MARKET VALUE
	END-OF-YEAR MARKET VALUE
2,090,673.	
. F 000 D. + N. I 4	4 - 0 - 5 000 B- 4 V I 40
	(c) Method of valuation: Cost or end-of-year market value
(=, ===:	to the state of th
· <del> · ·</del>	
	1d. See Form 990, Part X, line 15. (b) Book value
rescription	(b) Dook value
<del>_</del>	<del></del>
<del></del>	
<del></del>	
9 15 )	<u> </u>
	1e or 11f See Form 990, Part X, line 25
	b) Book value
<del></del>	
	<del></del>
25)	
	the organization's financial statements that reports the
	(b) Book value  156,989. 70,689. 89,178. 72,314. 410. 15,195. 5,087. 39,644. 2,090,673.  o Form 990, Part IV, line 1 (b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

432053 10-01-14

Schedule D (Form 990) CITY OF CLEVE PartXIII Supplemental Information (continued)

PartVII Investments - Other Securities. See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
FORTRESS PARTNERS OFFSHORE FUND LP	24,037.	FMV
FORTRESS CREDIT OPP.	27,794.	FMV
HIGHFIELDS	112,336.	FMV
SWIFTCURRENT	76,845.	FMV
KING STREET CAPITAL LTD.	158,585.	FMV
DAVIDSON KEMPNER	77,349.	FMV
INDUS PACIFIC OPP.	46,022.	FMV
CLOUGH OFFSHORE FUND LTD.	61,879.	FMV
REGIMENT SPECIAL SITUATIONS FUND	14,379.	FMV
RIVERSIDE	38,606.	FMV
VALIANT CAPITAL PARTNERS OFFSHORE, LTD	63,720.	FMV
VIKING GLOBAL EQUITIES III LTD.	109,524.	FMV
GORDON	54,716.	FMV
ENCAP ENERGY	12,467.	FMV
ESG DOM OPS	59,299.	FMV_
ARISAIG GLOBAL	137,551.	FMV
HIGHCLERE	84,861.	FMV
NEWPORT ASIA	214,825.	FMV
FIR TREE	134,174.	FMV
WELLINGTON EMERGING MKT	132,198.	FMV
		1

### **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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury Internat Revenue Service

CITY OF CLEVELAND CABLE TELEVISION

**Employer identification number** 34-1832689

Schedule J (Form 990) 2014

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

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

Schedule J (Form 990) 2014 CITY

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	ın column (B) reported as deferred ın prior Form 990
(1) ROBERT ECKARDT	3	0	0	0	0	0.	0	0
TEE	: 3	259,477.	0	3,564.	32,522.	19,652.	315,215.	0
	Ξ							
	(E)							
	Ξ							
	(ii)							
	(i)							
	(E)							
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	(iii)							
	(E)							
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Schedule J (Form 990) 2014

ation												orm 990) 201
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information											-	Schedule J (Form 990) 201
nplete this part for a												
d for Part II. Also co										!	:	
6a, 6b, 7, and 8, an	:									:		
I, 4a, 4b, 4c, 5a, 5b,				į								
<sup>5</sup> art I, lines 1a, 1b, 3												
iptions required for I												
xplanation, or descr												
e the information, e												
Provide												

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHARITABLE AND EDUCATIONAL FUNCTIONS OF THE CLEVELAND FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 2:
THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND
("MINORITY ARTS AND EDUCATION FUND") IS A SUPPORTING ORGANIZATION OF THE
CLEVELAND FOUNDATION. CONSEQUENTLY, SOME OF ITS TRUSTEES AND OFFICERS ARE
EMPLOYEES OR OFFICERS OF THE CLEVELAND FOUNDATION, COMPENSATED BY THE
CLEVELAND FOUNDATION. ROBERT ECKARDT IS A TRUSTEE OF THE MINORITY ARTS AND
EDUCATION FUND AND ALSO AN OFFICER OF THE CLEVELAND FOUNDATION. HE HAS A
BUSINESS RELATIONSHIP WITH NELSON BECKFORD (UNTIL 3/28/14), KRISTI
ANDRASIK, AND ELIZABETH HONOLD, OFFICERS OF THE MINORITY ARTS AND EDUCATION
FUND BECAUSE MR. BECKFORD, MS. ANDRASIK, AND MS. HONOLD ARE EMPLOYEES OF
THE CLEVELAND FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 6:
THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND
IS AN OHIO NONPROFIT CORPORATION. AS SUCH, IT HAS MEMBERS WHO HAVE THE
RIGHT UNDER OHIO STATE LAW AND THE ORGANIZING INSTRUMENTS OF THE
CORPORATION TO PARTICIPATE IN ITS GOVERNANCE.
FORM 990, PART VI, SECTION A, LINE 7A:
THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND
HAS TWO CLASSES OF MEMBERS, PUBLIC MEMBERS AND DONOR MEMBERS, WHO APPOINT
THE ORGANIZATION'S BOARD OF TRUSTEES. THE PUBLIC MEMBER OF THE MINORITY
ARTS AND EDUCATION FUND IS THE CLEVELAND FOUNDATION AND THE DONOR MEMBER IS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

THE CITY OF CLEVELAND. AS THE PUBLIC MEMBER, THE CLEVELAND FOUNDATION IS

ENTITLED TO APPOINT FIVE (5) OF THE ORGANIZATIONS NINE (9) TRUSTEES, WHICH

CONSTITUTES A MAJORITY OF THE TOTAL NUMBER OF TRUSTEES. THE DONOR MEMBER IS

ENTITLED TO APPOINT FOUR (4) TRUSTEES OR A MINORITY OF THE ORGANIZATION'S

FULL NUMBER OF TRUSTEES.

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

UNDER THE OHIO NONPROFIT CORPORATION LAW, MEMBERS HAVE THE ABILITY TO

APPROVE CERTAIN KEY ACTIONS UNDERTAKEN BY A NONPROFIT CORPORATION INCLUDING

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

SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION, AMENDMENT OF THE

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

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

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

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

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

RIGHTS OF APPROVAL OF THE BOARD OF TRUSTEES.

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

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

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

STAFF OF THE CLEVELAND FOUNDATION PREPARES THE FORM 990. THE FORM 990 IS

REVIEWED BY AN OFFICER OF THE CLEVELAND FOUNDATION AND ONE OR MORE OFFICERS

AND TRUSTEES OF MINORITY ARTS AND EDUCATION FUND.

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

432212 08-27-14

**Employer identification number** 34-1832689

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

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

EXCEPT IN THE LIMITED CASE NOTED BELOW, TRUSTEES AND OFFICERS WITH CONFLICT OF INTEREST UNDER THE POLICY, MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT OF INTEREST AT THE MEETING; (II) PRESENT ANY RELEVANT INFORMATION CONCERNING THE MATTER INVLOVING THE CONFLICT, IF REQUESTED; AND (III) RECUSE THEMSELVES FROM THE MEETING FOR THE DISCUSSION AND VOTE ON THE MATTER PRESENTING THE CONFLICT. IN LIMITED CASES INVOLVING THE APPROVAL OF GRANT DISTRIBUTIONS WHERE TRUSTEE AND OFFICERS HAVE CERTAIN LIMITED POTENTIAL CONFLICTS OF INTEREST WITH A PROPOSED GRANT RECIPIENT, THE TRUSTEES OR OFFICERS MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT OF INTEREST AT THE MEETING; (II) ABSTAIN FROM VOTING ON THE MATTER.

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

A AND B: THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND 432212 08-27-14

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization **Employer identification number** CITY OF CLEVELAND CABLE TELEVISION 34-1832689 EDUCATION FUND HAS NO EMPLOYEES AND DOES NOT COMPENSATE ITS TRUSTEES AND THEREFORE DOES NOT MAINTAIN A PROCESS FOR DETERMINING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE MINORITY ARTS AND EDUCATION FUND IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE CLEVELAND FOUNDATION FINANCIAL STATEMENTS ARE PREPARED AND AUDITED ON A CONSOLIDATED BASIS AND INCLUDE THE SUPPORTING ORGANIZATIONS. THE SUPPORTING ORGANIZATIONS ARE RECOGNIZED IN THE FOOTNOTES DISCLOSURE IN THE STATEMENTS. THE CLEVELAND FOUNDATION CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW ON THE FOUNDATION'S WEBSITE. THE MINORITY ARTS AND EDUCATION FUND FORM 990 IS ALSO AVAILABLE ON THE FOUNDATION'S WEBSITE. FORM 990, PART VII, LINE 1A, COLUMNS (E) & (F) THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. CONSEQUENTLY, SOME OF ITS OFFICERS ARE EMPLOYEES OF THE CLEVELAND FOUNDATION, COMPENSATED BY THE CLEVELAND FOUNDATION. FORM 990, PART IX, LINE 24A PAYMENT TO DEFRAY OPERATIONAL COST PAID BY SUPPORTED ORGANIZATION: BACK OFFICE SUPPORT, SUCH AS, ACCOUNTING, FINANCIAL, AND TAX REPORTING. FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD: MODIFIED ACCRUAL

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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.

2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www /rs. aov/form990.

Employer identification number 34-1832689

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

CITY OF CLEVELAND CABLE TELEVISION

Part

(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets		(f) Direct controlling	
of disregarded entity		foreign country)			la e	entıty	
		: : :					
				·-	-		
				1			
	T						
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ations Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34 beca	use it had one c	r more related tax-exer	npt	
(a)	(Q)	(0)	(p)	(e)	<b>(j)</b>	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	12(b)(13) olled 5,7
כן כמוככו טופון ובמוכן		Toreign country)		501(c)(3))	(min)	Yes	2
THE CLEVELAND FOUNDATION - 34-0714588							
1422 EUCLID AVE., SUITE 1300							
CLEVELAND, OH 44115	COMMUNITY GRANTMAKING	онто	501(C)(3) 8		N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form	ns for Form 990.				Schedule R (Form 990) 2014	Form 990	) 2014

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Page 2

Schedule R (Form 990) 2014 CITY OF CLEVELAND CABLE TELEVISION

34-1832689

Part III 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.

3	General or Percentage managing ownership partner?				e related	Section 512(b)(13) controlled entity?	 			Schedule R (Form 990) 2014
8	General or managing partner?		-		ne or mor	(h) Percentage ownership			-	R (Form
	UBI n box redule 1065)				because it had or	(g) Share of Per end-of-year ow assets				Schedule
3	onate So				v, line 34				 	
	Share of Disp end-of-year all assets				m 990, Part IV	(f) Share of total Income				
					Yes" on For	(e) Type of entity (C corp., S corp, or trust)				
٤	(1) Share of total income				answered "	1				
	Predominant income (related, included from tax under sections 512-514)				ne organization	(d) Direct controlling entity		·		
	Predomir (related, excluded fr		_		emplete if th	(c) Legal domicile (state or foreign country)			i	34
5	(a) Direct controlling entity				poration or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related (year.	ctivity				
uny yeur.	Legal domicile (state or foreign			ļ 	as a Corp	Prim				
2	(b) Primary activity				janizations Taxable	<u>Z</u> c				
IIS II calcu	(a) Name, address, and EIN of related organization				t IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				432162 08-14-14
					Part IV					43216

Yes No

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

2014	986	Forn	Schedule R (Form 990) 2014		32	432163 08-14-14
		ļ			1	(6)
						(5)
1						(4)
						(4)
						(3)
						(2)
						(1)
		olved	Method of determining amount involved	Amount involved	Transaction type (a·s)	(a) Name of related organization
			information on who must complete this line, including covered relationships and transaction thresholds.	this line, including covered	/ho must complete	2 If the answer to any of the above is "Yes," see the instructions for information on w
×		\$				
×		÷				r Other transfer of cash or property to related organization(s)
×		19				
	×	4				p Reimbursement paid to related organization(s) for expenses
×		우				o Sharing of paid employees with related organization(s)
×		Ę			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×		: [			mization(s)	i enomiance of services of membership of formassing solicitations for related organization(s)
×		=			nization(e)	
×	1	<b>+</b>				b Lease of facilities equinment or other assets from related organization(s)
×		1j				j Lease of facilities, equipment, or other assets to related organization(s)
×		Ϊ				
×		4				
×		1g				g Sale of assets to related organization(s)
×	!	- +				f Dividends from related organization(s)
×		1e				e Loans or loan guarantees by related organization(s)
×		1d				d Loans or loan guarantees to or for related organization(s)
×		9				c Gift, grant, or capital contribution from related organization(s)
×		1b				Gift, grant, or capital contribution to related organization(s)
×		1a				a Receipt of (i) interest. (ii) annuties, (iii) rovattes, or (iv) rent from a controlled entity
	168		in Parts II-IV?	related organizations listed	s with one or more	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
Ŷ	Yes					Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.

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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)

Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax unc sections 512-514)	Are all partners sec 501(c)(3) (er 0/45 ? No	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI mount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
							-	

<u>Schedule F</u>	R (Form 990) 2014	CITY OF	CLEVELAND CLEVELAND	CABLE 1	ELEVISION	34-1832689	Page
Part VII	R (Form 990) 2014 Supplemental Info	rmation			•		
	Provide additional infori	mation for respor	ses to questions on	Schedule R (sec	e instructions).		
	Trovide additional inter-	nation for respon	iscs to questions on	Correction 11 (Dec	7 11 10 11 10 11 10 11 10 11	·	
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