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

4 Fo	r the	2014 calendar year, or tax year beginning and er	nding					
3 Ch ap	eck if plicable	C Name of organization		D Employer identific	cation	number		
	Address change	DAVID & INEZ MYERS FOUNDATION						
	Name change	Doing business as		34-656	0945			
	Initial return	Number and street (or P.O box if mail is not delivered to street address)	loom/sur	te E Telephone numbe	r			
	Final return/	25701 SCIENCE PARK DRIVE		216-59	3-290	0		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		36,985,717.		
	Amendi return	CLEVELAND OH 44122.7302		H(a) Is this a group re	etum			
<u> </u>	Applica	Finame and address of principal officer BARRY REIS		for subordinates	۶?	Yes No		
	pending	25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44132		H(b) Are all subordinates i	ncluded'	Yes No		
<u></u>	ax-exe	mpt status x 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	r 5:	27 If "No," attach a	list (s	ee instructions)		
		e: NONE	. ,	H(c) Group exemption	_			
		organization x Corporation Trust Association Other	L Ye	ar of formation: 1954 I	✓ State	of legal domicile; OH		
Pa		Summary						
စ္	1 E	Briefly describe the organization's mission or most significant activities <u>FURTHER</u>	THE C	HARITABLE EDUC.&				
au	_	RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND						
Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of m		ssets 1			
١٥		Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>	8		
ž		Number of independent voting members of the governing body (Part VI, line 1b)		4	 	7		
Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	 	0		
Ĭ		Total number of volunteers (estimate if necessary)		6	-	12		
Ğ		Total unrelated business revenue from Part VIII, column (C), line 12		7a	_	596,902.		
-	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	Г		-	0.		
		0	-	Prior Year	 	Current Year		
e l		Contributions and grants (Part VIII, line 1h)	F	70,000,	-	<u> 25,000.</u>		
Revenu		Program service revenue (Part VIII, line 2g)	}		 	0.		
é		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,554,162,		10,191,202.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	}	<573,238,		2 038 147.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,050,924,		12,254,349.		
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	-	7,985,130	· 	15,968,930.		
		Benefits paid to or for members (Part IX, column (A), line 4)	- 1	0.	-	0.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	· 	0.		
ë		Professional fundraising fees (Part IX, column (A), line 11e)		0	-	<u>0.</u>		
Ä.		Total fundraising expenses (Part IX, column (D), PECEIVED	0.		+	500 500		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	689,683	+	500,580.		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	}	8,674,813	-	<u>16 469 510.</u>		
- S	19	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 25 line 12 4 2015		376,111	· -	<4,215,161.>		
alance		Fatalananta (Bart V. Irra 16)	ŀ	Beginning of Current Year	 	End of Year		
Bagg		Total assets (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	}	195,218,013	-	187,309,059.		
	i	Net assets or fund balances Subtract line 21 from line 20	ŀ	14,256,737 180,961,276	+	12,493,817. 174,815,242.		
P	rt II	Signature Block		100,901,276	<u> </u>	114,013,242,		
		lities of perjury, I declare that I have examined this return, including accompanying schedules	s and sta	tements, and to the hest of r	ny kno	wledge and helief it is		
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,	agv and bonoi, it is		
,	, 55,700	20 L	рторі		///			
Sigi	n	(Signature of Officer		Date	• • .	·		
-ler		BARRY REIS TREASURER						
,01	-	Type or print name and title				 		
		Print/Type preparer's name Preparer's signature Date 2015	11.10	Date Check		PTIN		
Paid	i	Print/Type preparer's name Preparer's signature Date 2015 PATRICIA B. RUBIN PATRICIA B. RUBIN	05'00'	11/10/15 self-empl	oyed F	00041477		
Preparer Firm's name BDO USA LLP Firm's EIN 13-5381590								
	Only	Firm's address 32125 SOLON ROAD						
	-	SOLON, OH 44139-2284		Phone no.44	0-248	3 <u>-8787_</u>		
Ma	the II	RS discuss this return with the preparer shown above? (see instructions)						
	01 11-0		ons.	-		Yes x No Form 990 (2014)		
		• • • • • • • • • • • • • • • • • • • •				Form 990 (2014)		
						•		

	990 (2014) DAVID & INEZ MYERS FOUNDATION	34-6560945	Page 2
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		
	Dath.		
2	Did the organization undertake any significant program services during the year which were not listed on	Г	_,,
	the prior Form 990 or 990-EZ?	L	Yes x_No
_	If "Yes," describe these new services on Schedule O	r	¬.,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total ex	penses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$15_992_537_ including grants of \$15_968_930_) (Revenue	те 2)
	GRANTS TO 501(C)(3) ORGANIZATIONS MADE TO SUPPORT THE CHARITABLE		
	EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND		
	INCLUDING GRANT PROGRAM DESIGN AND EXECUTION.		
			
41.			
4b	(Code) (Expenses \$) (Reven	ue \$)
	RESEARCH INTO EFFORTS TO DEVELOP AFFORDABLE HOUSING IN ISRAEL,		
			· · · · · · · · · · · · · · · · · · ·
			
		. — . – – – – – – – – – – – – – – – – –	
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Reven	ıue \$)
			
			
		_ ·	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses 16,020,198.		5 000
			Form 990 (2014)

			163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		I	
•	If "Yes," complete Schedule A	1	_x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	-
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		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- 3		<u> </u>
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		х
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, VIII, IX, or X			
	as applicable			İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		
	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	445	۱.,	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	110		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	114	İ	x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 1		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	x
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	X	+
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		x
• •	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	<u> </u>	1	
	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,"			T
	complete Schedule G, Part III	19		_ x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Forr	າ 990	(2014)

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Part IV Checklist of Required Schedules (continued)

	-		res	NO
	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	<u> </u>	
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	_	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Î	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	'		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ	Į	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	1	
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l	1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ .	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			i
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	1	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	х
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	1_	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		For	n 99 0	(2014

Form **990** (2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	* Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
	filed for the calendar year ending with or within the year covered by this return 2a 0	1		
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?	3a	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	х	
	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		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
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		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 . N/A 10a]		
ь	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		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)]		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	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.	<u></u>	<u> </u>	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	1		1
b	· · · · · · · · · · · · · · · · · · ·	1		1
	organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	 _	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	x

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) DAVID & INEZ MYERS FOUNDATION 34-6560945 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 Νo 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? 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 5 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 86 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) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 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? 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 Lx_ 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

Form 990 (2014)

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

BARRY REIS - 216-593-2900

25701 SCIENCE PARK DRIVE CLEVELAND OH 44122-7302

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

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

Check this box if neither the organization no		orga	anıza			mper	sat			
(A)	(B))) Pos	C) High	,		(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	heck	more	than o	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ector			İ			the	organizations (W-2/1099-MISC)	compensation
	hours for	i di	₈₅			ated		organization		from the
	related	ustee	truste		, s	Suadu		(W-2/1099-MISC)		organization
	organizations below	lual tr	ponal		lg y	st con	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег			organizations
(1) S. LEE KOHRMAN	2 5.00							-		
TRUSTEE/PRESIDENT	0.60	х	_	х		ļ		0.	0.	0.
(2) RENEE CHELM	0.20									
TRUSTEE ELECTED 6/17/14	5.10	х	Ļ		L	_		0.	0.	0.
(3) LESLIE D. DUNN	0.20									
TRUSTEE	0,50	х	ļ	<u> </u>	<u> </u>			0.	0.	0.
(4) MORTON G. EPSTEIN	0.20									
TRUSTEE UNTIL 6/17/14	0.50	х	<u> </u>	<u> </u>	ļ	ļ		0.	0.	0.
(5) ROBERT GOLDBERG	0.20									
TRUSTEE UNTIL 6/17/14	0.60	Х		<u> </u>	<u> </u>	1		0.	0.	0.
(6) BRUCE H. GOODMAN	0.20	Į								
TRUSTEE ELECTED 6/17/14	0.50	x	-	<u> </u>	-	<u> </u>		0.	0.	0.
(7) HENRY J. GOODMAN	0.40	1		1						
TRUSTEE/VP UNTIL 6/17/14	1,60	x	_	x		↓_	_	0.	0.	0
(8) HARLEY L. GROSS	0.20									
TRUSTEE ELECTED 6/17/14	1,20	x	_	_		-	_	0.	0.	0
(9) STEPHEN H. HOFFMAN	0.40	-	İ		1					
TRUSTEE/SECRETARY	40.00	Х	╄	х	<u> </u>	_	ļ	0.	982,493.	25,158
(10) MARC C. KRANTZ, Z"L	0.40	-								
TRST TIL 12/30/14; VP 6/14-12/30/14	0.50	Х	┼	X			 	0.	0.	0
(11) DIETER MYERS, DDS	0.20	-		İ	1					
TRUSTEE	0.10	X	+-	┼		┿	<u> </u>	0.	0.	0
(12) CHARLES A. RATNER	0.40	┨	İ							
TRUSTEE; VP ELC 6/17/14	1.10	X	+-	X	╁	+-	╁	0,	0.	0
(13) BARRY REIS	0.30	-		ŀ			ļ			
TREASURER	40.00		╂	X	-	┼-	-	0,	. 267,824.	35,262
(14) MATTHEW A. KALIFF	0.30	-								
ASST SECRETARY	40.00	╁	╁	X	╁	+	┼	- 0	83,306,	21,612
		1								
				Ī	Γ					
	<u> </u>	\vdash	+	╀	+	-	\vdash	 		<u> </u>
	-	1								
						_				F 000 (004.4

Form 990 (2014)

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	iH b	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B) (C)			(D)	(E)			(F)	_				
	Name and title	Average	(de				than	one	Reportable	Reportable		Est	ımate	d
	•	hours per box, unle			ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		(list any	_				.,		from	from related				
		hours for	Indiwdual trustee or director				_		the organization	organizations (W-2/1099 MISC	, l	compensatio		
		related	10 99	stee			nsate		(W-2/1099-MISC)	(***271033181130	"丨		ınızatı	
		organizations	frest	Institutional trustee),ee	E I		(17 27 1888 111188)			_	relate	
		below	wdua	tubor	ĕ	Key employee	loyee	朣			- 1	orga	nızatıd	ons
		line)	亨	inst	Officer	Ke	Highest compensated employee	흋						
										_			_	
											\top		_	
		-		\vdash				-			+			
											-			
		<u> </u>		-				_	 -		\dashv			
				_	_	ļ 1	_	<u> </u>	-					
				<u> </u>	_									
		<u> </u>	-											
1b	1b Sub-total								1,333.6	23.	. 82,032		032	
	Total from continuation sheets to Part V	II, Section A							0.	-	_0.	1		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to the	nose	e liste	ed a	bov	/e) w	ho r	0. received more than \$100	1,333,6 0,000 of reportable			82	032
	compensation from the organization												Yes	No
3	Did the organization list any former officer			e, ke	ey e	mpl	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for					_4	-				-	3		Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15									tne organization		4	X	
5	Did any person listed on line 1a receive or									idual for services	•			
	rendered to the organization? If "Yes," con											5		x
Sec	tion B. Independent Contractors									·-				
1	Complete this table for your five highest c the organization Report compensation for										pensa	ation 1	from	
	(A)		Cui	- Circ	<u>.</u>	** 1011	01.1	VICIII	(B)	year.		((C)	
	Name and busines	s address							Description of	services	C	ompe	nsatio	'n
	FICELLO ASSOCIATES, INC.									_				
	TABOR CENTER, 1200 17TH ST, DENV LINGTON MANAGEMENT COMPANY, LLP	ER, CO					•		INVESTMENT ADVISOR	RS			150	000
	280 CONGRESS STREET, BOSTON, MA 02210 INVESTMENT ADVISORS									RS			124	015
	Total number of independent contractors	(including but	not	limite	ed to	o the	ose I	ıste	l d above) who received i	nore than				
	\$100,000 of compensation from the organ	nization >					2							

Form **990** (2014)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Unrelated (A) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues Fundraising events 1c d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 25,000 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 25,000 Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,009,780 2,009,780. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 6,586,937. 26,325,853 b Less cost or other basis and sales expenses 4,612,612. 20,118,756 c Gain or (loss) 1,974,325. 6,207,097 d Net gain or (loss) 8,181,422 8,181,422. 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 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 OTHER INVESTMENT INCOM 900099 2,034,838 1,437,936. 900099 b TAX REFUNDS 3,309 3,309 C d All other revenue ... Total. Add lines 11a-11d 2,038,147 Total revenue. See instructions. 12,254,349 596,902 11 632 447. Form **990** (2014)

34-6560945

Form 990 (2014)

DAVID & INEX MYERS FOUNDATION

Part IX | Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All other	er organizations must coi	mplete column (A)	
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	_ 15,968,930.	15,968,930.		
2	Grants and other assistance to domestic	·			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				_
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,115.		1,115.	
С	Accounting	3,410.		3,410.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	398,799.		398,799,	
g	Other (if line 11g amount exceeds 10% of line 25,			-	,
_	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion				
13	Office expenses	26,410.		26,410.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	35,775.	35,775.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses I temize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,	
а	FILING FEES & TAXES	19,578		19,578	
	CONSULTING FEES	15,493			
c					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	16,469,510	16,020,198	449,312	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)				
4320	10 11-07-14				Form 990 (2014

Form 990 (2014)
Part X Balance Sheet

		Check if Schedule O contains a response or note 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	6,555,064.	2	1,483,043.
l	3	Pledges and grants receivable, net		3	
İ	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
1		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined under	İ	1	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		i	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
छ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	100,001.	7	100,001.
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	63 535 466.	11	60,999,824.
	12	Investments - other securities See Part IV, line 11	125,027,482.	12	124,726,191.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	195 218 013	16	187 309 059.
	17	Accounts payable and accrued expenses	37,500.	17	0.
	18	Grants payable .	14,219,237.	18	12,493,817.
	19	Deferred revenue .		19	<u> </u>
	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		1	,
Liabilities		key employees, highest compensated employees, and disqualified persons			
api		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	14,256,737	26	12,493,817.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥x and			
es	1	complete lines 27 through 29, and lines 33 and 34.		1	
JE B	27	Unrestricted net assets .	180,961,276		174,815,242,
3ali	28	Temporarily restricted net assets		28	
둳	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		,	
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	180,961,276	_	174,815,242,
	34	Total liabilities and net assets/fund balances	195 218 013	. 34	187 309 059.

432011 11-07-14

	990 (2014) DAVID & INEZ MYERS FOUNDATION	34-6560945		Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				[x]
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,	254.	<u>349</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>16</u>	469	510.
3	Revenue less expenses Subtract line 2 from line 1	3	<4	215	<u>161.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 180</u>	961	276.
5	Net unrealized gains (losses) on investments	5	1_	057	<u>936.</u>
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	<2	988	<u>809.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	174	815	242.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لعا
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,	1		ľ
	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 Sch	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?	-	За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			<u> </u>
-	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.

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.lrs.gov/form990.

vanne or	the Organization					Employer	dentineation number
		& INEZ MYERS FO					-6560945
Part I	Reason for Public (mplete this	part) See	nstructions	
The organ	nization is not a private found	lation because it is	(For lines 1 through 11, cl	heck only o	one box)		
1 🖳	A church, convention of ch	urches, or associati	on of churches described	in section	170(b)(1)	(A)(ı).	
2	A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E)				
з 🔲	A hospital or a cooperative	hospital service org	ganization described in se	ction 170(b)(1)(A)(iii).	
4 🗀	A medical research organiz	ation operated in co	onjunction with a hospital	described	n section	170(b)(1)(A)(iii). Enter t	he hospital's name,
	city, and state						
5 🔲	An organization operated for	or the benefit of a c	ollege or university owned	l or operate	ed by a go	vernmental unit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II)					
6 🗀	A federal, state, or local go	vernment or govern	mental unit described in s	section 17	0(b)(1)(A)(v).	
7 🗔	An organization that norma	ılly receives a subst	antial part of its support fi	rom a gove	ernmental	unit or from the general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II)					
8 🔲	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: 11)			
9 🗀	An organization that norma	ally receives (1) mor	e than 33 1/3% of its sup	port from (contributio	ns, membership fees, ai	nd gross receipts from
	activities related to its exer	npt functions - subj	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment
	income and unrelated busi	ness taxable incom	e (less section 511 tax) fro	om busines	ses acqui	red by the organization	after June 30, 1975
	See section 509(a)(2). (Co	mplete Part III)					
10	An organization organized	and operated exclu	sively to test for public sa	fety See s	ection 50	9(a)(4).	
11 X	An organization organized	and operated exclu	sively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
	more publicly supported or	rganizations describ	oed in section 509(a)(1) 0	r section 5	509(a)(2)	See section 509(a)(3). C	heck the box in
,	lines 11a through 11d that	describes the type	of supporting organizatio	n and com	plete lines	11e, 11f, and 11g	
a L		anization operated,	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving
	the supported organizati	on(s) the power to r	regularly appoint or elect a	a majority o	of the direc	ctors or trustees of the s	upporting
	organization. You must	•					
b L		•	ed or controlled in connec				-
			ganization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported
_	organization(s) You mus	•					
c L	- · · · · · · · · · · · · · · · · · · ·	•	ing organization operated				ed with,
_	_ 1 '' -		ns) You must complete I				
d∟		· -	oporting organization opei				
	•	-	nization generally must sa	-			iveness
_	_		omplete Part IV, Sections				
e L			a written determination fro			i Type I, Type II, Type III	
	• •		nonally integrated support	ing organi	zation.		
	ter the number of supported	ū			-	•	1
_ g Pr	ovide the following information (i) Name of supported	(II) EIN		(ıv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1-9		n vour	support (see	other support (see
			above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
TENTO	FEDERATION OF	 	(See manuchons)				
		34-0714445	7	x		1,960,080.	
CLEVEL.	AND	D4-0714445	- 	 ^ -		1,300,000.	-
				}			
				†			
		1		1	Ì		
		 	-	<u> </u>			
				1			
		 	 		 		
	· · · · · · · · · · · · · · · · · · ·			†	<u> </u>	-	
Total		,	1		1	1 960 080	o_
				•			·

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

	(Complete only if you checked	-					-
	fails to qualify under the tests	'	•	•	an raneo to quality t	ander rest III II III	o organization
Sec	tion A. Public Support			··· ,		· 	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	_(D) 2011	(0) 2012	(4)2013	(6) 2014	(1) 10.4
•	membership fees received (Do not						
	include any "unusual grants ")	ļ		1			
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						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			1		 	
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,					1	
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		<u>-</u>				
Cal	endar year (or fiscal year beginning in)	(a) 2010	(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					<u> </u>	
9	Net income from unrelated business		1				
	activities, whether or not the		1		1		
	business is regularly carried on .						
10	Other income Do not include gain	1					
	or loss from the sale of capital	İ	ł				İ
	assets (Explain in Part VI)		ļ. <u></u>				
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>			
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	:
	organization, check this box and sto	p here					▶
_	ction C. Computation of Pub			<u></u>			
	Public support percentage for 2014			, column (f))	-	14	
	Public support percentage from 2013					15	9
16	a 33 1/3% support test - 2014. If the				e 14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies				-		
	b 33 1/3% support test - 2013. If the	-			nd line 15 is 33 1/3	% or more, check	this box
	and stop here. The organization qua		_		•		▶
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fa					art VI how the org	janization
	meets the "facts-and-circumstances						>
	b 10% -facts-and-circumstances tes		-				
	more, and if the organization meets				-		the
	organization meets the "facts-and-ci	rcumstances" test	t The organization	n qualifies as a pul	blicly supported or	ganization	▶∟_

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule 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

Section A. Public Support	30,000, p. 0000					
Calendar 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 Gross receipts from admissions,				T		
merchandise sold or services per-				1	1	
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					<u> </u>	
are not an unrelated trade or bus-		i			1	
	1	1				1
iness under section 513		ļ 		 		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			ļ	 	ļ	
5 The value of services or facilities						1
furnished by a governmental unit to						
the organization without charge					<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons	!					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			 	 	 	
c Add lines 7a and 7b					+	
8 Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>			<u> </u>
Section B. Total Support			T			
Calendar year (or fiscal year beginning in)	(a) 2010	(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					ļ	
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	:s l	ļ	ŀ		1	
acquired after June 30, 1975						
c Add lines 10a and 10b			 			
11 Net income from unrelated busines		 	 -		+	
activities not included in line 10b,	3				1	
whether or not the business is			1		1	
regularly carried on	<u> </u>				+	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u></u>			<u> </u>
14 First five years. If the Form 990 is	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	ınızation,
check this box and stop here						▶□
Section C. Computation of Pu	blic Support P	ercentage				
15 Public support percentage for 2014	4 (line 8, column (f)	divided by line 13	, column (f))		15	
16_Public support percentage from 20	• • • • • • • • • • • • • • • • • • • •	•	,,		16	%
Section D. Computation of Inv			e		. 	
17 Investment income percentage for				<i>n</i>	17	%
		-	10, 001011111 (1)		18	%
18 Investment income percentage fro			von line 14 and i			
19a 33 1/3% support tests - 2014. If t	=					ie i / is not
more than 33 1/3%, check this box						. ▶∟
b 33 1/3% support tests - 2013. If t	•					
line 18 is not more than 33 1/3%, o		•	-		-	ion
20 Private foundation. If the organiza	ition did not check	a box on line 14, 1	19a, or 19b, check	this box and see	nstructions	▶∟_
				_		000 000 571 004

34-6560945

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)

sec.	tion A. All Supporting Organizations	_		NI
	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	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	1	x	
•	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		ľ	
		2		x
•	organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			_
Зa		3a		x
	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	_ <u>Ja</u>	 	^
р	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	·	3b	Ì	1
_	organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	- 55	i	
С	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4	Was any supported organization not organized in the United States ("foreign supported organization")? If	 		1-
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	1	x
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	74	1	 ^
a	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	4b	1	
	Did the organization support any foreign supported organization that does not have an IRS determination	40_	+	+-
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			ł
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			ł
		4c		1
	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		+
ъa	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,			
	(ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	
	was accomplished (such as by amendment to the organizing document)	5a		x
	Type I or Type II only. Was any added or substituted supported organization part of a class already	- 54		 ^
L	designated in the organization's organizing document?	5b		1
_	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	+	†
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	55	 	+
O	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			1
	Part VI.	6	x	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			1
•	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).	7		x
8	* · · · · · · · · · · · · · · · · · · ·			
•	If "Yes," complete Part I of Schedule L (Form 990)	8		x
9:	a 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		1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		x
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	,	1	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		х
	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.	9c		х
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			Ţ <u></u>
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		х

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)

		60945	Pa	ge 5
Part	IV Supporting Organizations (continued)		Yes	No
	das the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	pelow, the governing body of a supported organization?	11a	ì	х
	A family member of a person described in (a) above?	11b		<u>x</u>
	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
	on B. Type I Supporting Organizations	1 110	L	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on by typo reapporting enganizations		Yes	No
1 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			l
	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			l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	
	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			ĺ
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			i
	supervised, or controlled the supporting organization	2	1	x
	tion C. Type II Supporting Organizations			
			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			
	the supported organization(s)	1		1
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		1	
	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			Т
_	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		l
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		-	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.	3		1
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruct	ions):		
a	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			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (so	ee instructioi	ns)	
2	Activities Test Answer (a) and (b) below.		Yes	s No
a	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			- }
	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		1	,
	that these activities constituted substantially all of its activities.	2a	1	
h	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			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	-
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		1	1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		1
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	30		1
i.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		1
	Of its supported organizations in Test, describe in Test, the role played by the organization in Test, describe in Test, the role played by the organization in Test, describe			71.20

Page 6 Irrent Year otional)
urrent Year ptional)
rrent Year

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 DAVID & INEX MYERS FOUNDATION	34-6560945	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 1	7b, and Part III, line 1	12.
Also complete this part for any additional information (See instructions)		
•		
SCHEDULE A, PART IV, LINE 6		
122 Chauma 1800 muan of Polini mo és 000 impe Mano mo omitte the Cremion		
133 GRANTS LESS THAN OR EQUAL TO \$5,000 WERE MADE TO OTHER IRC SECTION		
501 (C)(3) ORGANIZATIONS CLASSIFIED AS PUBLIC CHARITIES TOTALING		
JUI (C)(3) ORGANIZATIONS CHASSIFIED AS FORDIC CHARITIES TOTALING		
\$168,950. THESE GRANTS FURTHER THE PURPOSES OF THE FEDERATION IN		
9200, 550, Indea ordered to the real comp or the resemble 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 AND	_	
SCHEDULE I.		
		
		
		=
		

SCHEDULE D

(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.

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization DAVID & INEZ MYERS_FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

		Z MYERS FOUNDAT						60945		ge 2
Part	III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	easures, or	· Othe	r Similar As	sets(conti	าued)	
3 (Ising the organization's acquisition, accessic	on, and other records	s, check ar	ny of the f	following that	are a si	gnificant use of	its collectio	n items	;
(check all that apply)									
а	Public exhibition	d	Loi	an or exch	nange progran	ns				
b	Scholarly research	е	U Oth	ner						
С	Preservation for future generations									
4 I	Provide a description of the organization's co	llections and explain	how they	further th	ne organization	n's exe	mpt purpose in	Part XIII		
5 I	During the year, did the organization solicit or	r receive donations o	of art, histo	orical treas	sures, or other	r sımılaı	assets			,
1	o be sold to raise funds rather than to be ma	intained as part of the	ne organiz	ation's co	llection?			Yes		No
Part	IV Escrow and Custodial Arrange	gements. Comple	te if the or	rganızatıoı	n answered "\	Yes" to	Form 990, Part	: IV, line 9, or		
	reported an amount on Form 990, Par									
1a	s the organization an agent, trustee, custodi	an or other intermed	ary for co	ntribution	s or other ass	ets not	ıncluded			,
	on Form 990, Part X?							Yes		No
b	f "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole						
								Amour	<u>1t</u>	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or ci	ustodial accol	unt liab	lity?	Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	has been	provided in P	art XIII				<u> </u>
Par	t V Endowment Funds. Complete	f the organization an	swered "\	es" to Fo	rm 990, Part I	IV, line	10			
		(a) Current year	(b) Prid	or year	(c) Two years	s back	(d) Three years	back (e) Fo	ur years	back
1a	Beginning of year balance				<u> </u>					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				1					
	and programs		_							
f	Administrative expenses									
g	End of year balance			_						
2	Provide the estimated percentage of the cui	rrent year end baland	ce (line 1g	, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the poss		ation that	are held	and administe	red for	the organization	n		
-	by	_							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations						_	3a(i	<u>) </u>	<u></u>
b	If "Yes" to 3a(ii), are the related organization	ns listed as required	on Schedi	ule R?				_3b		
4	Describe in Part XIII the intended uses of th	e organization's end	owment fu	ınds.						
Pa	rt VI Land, Buildings, and Equip	ment.		=						
	Complete if the organization answer	ed "Yes" to Form 99	0, Part IV,	line 11a	See Form 990), Part >	(, line 10			
	Description of property	(a) Cost or basis (invest			st or other s (other)		Accumulated epreciation	(d) Bo	ook valu	ue
	Land									
	Buildings									
2	Leasehold improvements									
4	Equipment									
	Other							1		
	I. Add lines 1a through 1e (Column (d) must	egual Form 990. Pai	t X, colum	n (B). line	10c)		>			0
1018			, .,							

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. [a) Discription of security or category (including name of security) (b) Book value (c) Method of valuation Cost or end-of-year market (l) Financial derivatives (2) Closely-held equity interests (3) Other (A) FEBERATION - FOOLED MANAGED MAIN (B) INVESTMENT FUND (C) FEDERATION - POOLED MARKETABLE (D) ALTERNATIVES PROGRAM (D) ALTERNATIVES PROGRAM (E) FEDERATION - NONEY FUND (E) FEDERATION - MONEY FUND (E) FEDERATION - MONEY FUND (E) GRIDGE INVESTMENT FUND (F) BRIDGE INVESTMENT FUND (F) CLOUGH OFFSIONE FUND (H) OFFSIONE FUND (H) CLOUGH OFFSIONE FUND (H) CLOUGH OFFSIONE FUND (H) CLOUGH OFFSIONE FUND (H) CLOUGH OFFSIONE FUND (H) CLOUGH OFFSIONE FUND (H) CLOUGH OFFSIONE (H) CLOUGH	Page 3
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) FEDERATION - POOLED MANAGED MAIN (B) INVESTMENT FUND (C) FEDERATION - POOLED MARKETABLE (D) ALTERNATIVES PROGRAM (E) FEDERATION - MONEY FUND (I) 1,989,350, END-0F-YEAR MARKET VALUE (B) FEDERATION - MONEY FUND (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (C) CLEVELAND FEDERATION PE 1 LLC (D) MUNIS equal Form 990, Part X, col (B) line 12.) ► Part VIII] Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market (1) (3) (4) (5) (6) (7) (8) (9) Total (Col (b) must equal form 990, Part X, col (B) line 13.) ► Part IX] Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (6)	
1. END-OF-YEAR MARKET VALUE	alue
(3) Other (A) FEDERATION - POOLED MANAGED MAIN (B) INVESTMENT FUND (C) FEDERATION - POOLED MARKETABLE (D) ALTERNATIVES PROGRAM (E) FEDERATION - MONEY FUND (C) FEDERATION - MONEY FUND (D) ALTERNATIVES PROGRAM (E) FEDERATION - MONEY FUND (E) FEDERATION - MONEY FUND (F) ENDOGS INVESTMENT FUND LP (G) CLEVELAND FEDERATION PE 1 LLC (H) CLOUGH OFFSHORE FUND (H) CLOUGH OFFSHORE FUND (H) MUSICIPALITY (COLOR OFFSHORE FUND (E) POOLED FOR FUND (E) FOR TOTAL (COL. (b) must equal form 990, Part X, col. (B) line 12.) → Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market (1) (E) (B) (B) (B) (C) (C) Method of Valuation Cost or end-of-year market (1) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	
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(3) (4) (5) (6)	
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(6)	
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(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	dule D (Form 990) 2014 DAVID & INEZ MYERS FOUNDATION		34-656	0945 Page 4
<u>Par</u>	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		
	Net unrealized gains (losses) on investments	2a	1 1	
b		2b	7	
	•	2c	- 1	
C	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII)	2d	\dashv \square	
е	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	_4b		
С	Add lines 4a and 4b	-	4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	er Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a		
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	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	┦	
	Other losses	2c		
C	•	2d	\dashv \vdash	
d	•	[20]	-	
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	_	
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information.			
Pro	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b, Part V, I	ne 4, Part 2	X, line 2, Part XI,
line	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac	dditional information		
				·····
				
				
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34-6560945

Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation (b) Book value Cost or end-of-year market value (including name of security) DAVIDSON KEMPNER INST PARTNERS 3,896,596 FMV EARLY STAGE PARTNERS II LP 1,401,022 EARLY STAGE PARTNERS LP 506,237 FMV 126 716 FMV EIG ENERGY FUND XVI LP ESG DOMESTIC OPPPORTUNITY OFFSHORE FUND 4,209,261 FMV FARALLON CAPITAL INSTITUTIONAL PARTNERS 5,275,399 FMV 4,982,790 FIR TREE VALUE FUND FORTRESS PRINKS OFFSH FUND LP 2,482,043 FMV GMO FORESTRY FUND 8-B LP 3,949,936 FMV 5,880,264 KING STREET CAPITAL FMV LEXIN AMTRUST REAL ESTATE PARTNERS LP FMV 313,662 LEXINGTON MIDDLE MARKET INVESTORS III LP MAVERICK FUND LP 7,014,102 FMV 2,097,991 MOUNT KELLETT CAPITAL PARTNERS II LP FMV NEWPORT ASIA INSTITUTIONAL FD LP 9,282,815 FMV OCH - ZIFF REAL ESTATE TE FUND LP 1,156,138 FMV OCH-ZIFF REAL ESTATE PARALLEL FUND III 28,499 FMV SOWOOD ALPHA FUND LTD 37,659 1,450,762 TCW ENERGY FUND XIV-A LP FMV TCW ENERGY FUND XC-NL LP 263,458 FMV VIKING GLOBAL EQUITIES III LTD 8,341,952 FMV 13,990,290 WTC-CTF EMERGING COMPANIES

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2014

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization 34-6560945 DAVID & INEZ MYERS FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, x Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (f) Total (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (a) Region employees, agents, and expenditures (by type) (e g, fundraising, program is a program service, offices for and services, investments, grants to describe specific type in the region independent investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND 32,939,895. 0 INVESTMENTS THE CARIBBEAN -GRANT MONITORING AND MIDDLE EAST AND PROGRAM DEVELOPMENT 35,360. NORTH AFRICA -0 PROGRAM SERVICES MIDDLE EAST AND 1,458,000. GRANT MAKING NORTH AFRICA 34,433,255. 3 a Sub-total 0 **b** Total from continuation

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

Schedule F (Form 990) 2014

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sheets to Part I c Totals (add lines 3a

and 3b)

Page 2

Schedule F (Form 990) 2014 DAVID & INEZ MXERS FOUNDATION

Saperal Schedule F (Form 990) 2014 DAVID & INEZ MXERS 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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND	MIGETIM	000		o		
`	,	MIDDLE EAST AND	AFFORDABLE HOUSING	, L		C		
		MORTH AFRICA MIDDLE EAST AND	STUDY PACTIL'TY RECRUITMENT	1 000 000		0		
		MIDDLE EAST AND NORTH AFRICA	SUPPORT FOR ETHIOPIAN JEWISH COMMUNITY IN ISRAEL	10,000.		0		
,		MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT, WOMENS HEALTH PROGRAMS	33,000.		0		
		MIDDLE EAST AND NORTH AFRICA	NATIONAL INSTITUTE FOR PSYCHOBIOLOGY	300,000.		0		
,								
2 Enter total number of the IRS, or for which	f recipient organization the grantee or couns	ons listed above that are sel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the INS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		9

31

Enter total number of other organizations or entitles

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Page 3

Schedule F (Form 990) 2014 DAVID & INEZ MYERS FOUNDATION

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 Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

432073 09-24-14

	fule F (Form 990) 2014 DAVID & INEX MYERS FOUNDATION	34-6560945	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	x Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	x Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	x Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	x Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	x No

Scriedule F	(Form 990) 2014 DAVID & INEX MYERS FOUNDATION	34-6560945	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	ing method, amounts of	
•	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting metho	d), and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation	
PART I	LINE 2:		
CDANTEEC	ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT AWARD LETTER		
GIGHTIEES	AND GENERALED REQUIRED TO STOR AND REPORT A GREAT ANALOG BETTER		
m	DULL AREA STEP SERVICE AND CONDUCTIONS OF SUIT CRANS THAT HOLDING HOLDING		
THAT STI	PULATES THE TERMS AND CONDITIONS OF THE GRANT INCLUDING HOW THE		
DOLLARS	ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING		
REQUIREM	ENTS. THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL		
GRANTEES	WITHIN 6-9 MONTHS OF RECEIVING THE GRANT. IN SELECTED CASES		· -
SITE VIS	ITS ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS.		
GRANTS I	O DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN		
ENTITY F	LAVE BEEN INCLUDED ON SCHEDULE F.	····	
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047	2014	Open to Public	Inspection

34-6560945

Employer identification number Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

DAVID & INEZ MYERS FOUNDATION

∑ Yes Part II 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance criteria used to award the grants or assistance? Part

recinion that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if addit	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKE TOTAL TO BO TEROMEN 1100.							COMMUNITY RECYCLING
AISH HATOKAH OF CLEVELAUN							PROJECT: JERUSALEM
14077 CEDAR ROAD, SUITE 7			4	•			
SOUTH EUCLID, OH 44118	34-1698873	501 (C)(3)	10,000.	0			FELLOWSHIPS
AMERICAN CIVIL LIBERTIES UNION OF				-			
OHIO FOUNDATION, INC 4506							
CHESTER AVENUE - CLEVELAND, OH		•		_			
44103	23-7137105	501 (C)(3)	17,500.	0			TEEN GUIDE
COT##							MYERS JDC-BROOKDALE
WOINING CHOICE CONTRACT CONTRA							INSTITUTE; ENDOWMENT
AMERICAN JEWISH JOINT DISTRIBUTION							SUPPORT; ISRAEL MISSION
COMMITTEE, INC 711 THIRD AVENUE,			000	c			FOR EUROPEAN JOURNALISTS
10TH FLOOR - NEW YORK, NY 10017	13-1656634	501 (C)(3)	10 020 000				GENERAL SUPPORT: OHIO
							NORTHERN REGION 2015:
BNAI BRITH YOUTH ORGANIZATION, INC.							Stoc Haddaning transmit
800 EIGHTH STREET NW							GENERAL SOFFORT; 2013
WASHINGTON DC 20001	31-1794932	501 (C)(3)	770,000.	0			MARCH OF THE LIVING
CAPITOL SQUARE RENOVATION							
FOUNDATION - ONE STATEHOUSE ROOM							DAIO HOLOCAUST AND
16 COLIMBIIS OF 43215	31-1222851	501 (C)(3)	50,000	0			LIBERATORS MEMORIAL
COLOMBON OF CEDITS TATTED CT TO							VIOLINS OF HOPE: SUPPORT
CASE WESTERN RESERVE ONLY LINE :							OF PROGRAMMING BY
턴							CLEVELAND ORCHESTRA,
10900 EUCLID AVENUE - CLEVELAND,							HOLMER HO SHIPPING
OH 44106-70	34-1018992	501 (C)(3)	25,000.	0.			MALTE MUSEUM OF UENTSH
o Enter total primber of section 501(c)(3) and government organizations	nd government or	ganizations listed in th	listed in the line 1 table				36.
	heted in the line	1 table					0
S Enter total nutriber of other organizations	The state of the s	1					Schedule I (Form 990) (2014)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

432101 10-15-14

Schedule I (Form 990) (2014)

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Schedule I (Form 990) DAVID & INEZ MYERS FOUNDATION	XERS FOUNDATI	ON State and Organ	Trations in the Ur	ited States (Sche	te and Ornanizations in the United States (Schedule I (Form 990), Part II)		34-6560945 Page 1
(a) Name and address of (b) EIN (c) IRC (approximation or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND HILLEL FOUNDATION, INC. 11291 EUCLID AVENUE CLEVELAND, OH 44106	34-1187022	501 (C)(3)	15,000.	0			2014 SUMMER INTERNSHIP PROGRAM
CLEVELAND INSTITUTE OF MUSIC 11021 EAST BOULEVARD CLEVELAND, OH 44106	34-0714600	S01 (C)(3)	8,400.	0			2014-2015 ANNUAL FUND; OPERA PROGRAM FACILITY UPGRADE
CLEVELAND PLAY HOUSE 1901 EAST 13TH STREET, SUITE 200 CLEVELAND, OH 44114	34-6515260	501 (c)(3)	30 000	0			THEATRE EDUCATION PROGRAMS
CLEVELAND PUBLIC THEATRE, INC. 6415 DETROIT ROAD CLEVELAND, OH 44102	34-1359225	501 (c)(3)	*000 9	0			EDUCATION PROGRAMMING; GENERAL SUPPORT
COLLEGE NOW GREATER CLEVELAND, INC. 50 PUBLIC SQUARE, SUITE 1800 CLEVELAND OH 44113	34-6580096	501 (C)(3)	25,000.	0,			GENERAL SUPPORT
1 2 2 2 4	34-0943782	501 (C)(3)	7,500.	0			HEARING ASSISTANCE SYSTEM; YOUTH PROGRAMMING
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE, SUITE 3103A CLEVELAND, OH 44114	20-4948838	501 (C)(3)	300 000	0			GENERAL PURPOSE
FRIENDS OF THE CLEVELAND SCHOOL OF THE ARTS - P.O. BOX 18265 - CLEVELAND, OH 44118	34-1410357	501 (C)(3)	20 000	0			ARTS & MUSIC PROGRAMS
FRIENDSHIP CIRCLE OF CLEVELAND,INC 27900 GATES MILLS BOULEVARD - PEPPER PIKE, OH 44124	20-8848426	501 (C)(3)	7,500.	0			GENERAL SUPPORT Schedule I (Form 990)

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Schedule I (Form 990) DAVID & INEZ MYERS FOUNDATION	XERS FOUNDATI	ON vernments and Organ	nizations in the Un	ited States (Sche	s and Organizations in the United States (Schedule I (Form 990), Part II)		34-6560945 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONT STEPS HOUSING AND SERVICES 1545 WEST 25TH STREET CLEVELAND, OH 44113	34-1424555	501 (C)(3)	10,000.	0			GENERAL SUPPORT
S T. O.A. O.H.	34-0901212	501 (C)(3)	20,000,	0			SCHOOL RESIDENCY PROGRAM
GREATER CLEVELAND FOOD BANK, INC. 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501 (C)(3)	25,000,	0			GENERAL SUPPORT
	34-6557290	501 (C)(3)	10,000,	0			GENERAL SUPPORT
I GRE				c			JEWISH CAMPING ADMINISTRATION AND SCHOLARSHIPS; ADMINISTRATION/OUTREACH
BEACHWOOD, OH 44122 JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE	34-0714441		CCT				2015 CAMPAIGN FOR JEWISH NEEDS; BIRTHRIGHT ISRAEL 2015 TRIPS; FOUNDATION DEPARTMENT: PHILANTHROPIC
JEWISH FEDERATIONS OF NORTH AMERICA, INC 25 BROADWAY, SUITE	34-0714445	501 (C)(3) 601 (C)(3)	1,959,080,	0			
J/OU - NEW IOAN, NI 1000% JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, INC 1422 EUCLID AVENUE, SUITE 952 - CLEVELAND, OH 44115	34-0733164	ମ	25,000.	0			INVESTMENT AND STEM
LEGAL AID SOCIETY OF CLEVELAND 1223 WEST 6TH STREET CLEVELAND OH 44113	34-0866026	501 (C)(3)	22,500.	0			ACCESSIBLE RESOURCES FOR VOLUNTEER PROGRAMS; GENERAL SUPPORT Schedule I (Form 990)

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Schedule I (Form 990) DAVID & INEZ MXERS FOUNDATION	XERS FOUNDAIL						34-6560945 Page 1
n of (Assistance to Go		izations in the Un	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	(4	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENORAH PARK FOUNDATION 27100 CEDAR ROAD CLEVELAND, OH 44122	34-1778478	501 (C)(3)	51,000.	0			GENERAL SUPPORT; ELEVATOR PROJECT
MONTERFIORE FOUNDATION ONE DAVID N MYERS PARKWAY BEACHWOOD, OH 44122	34-1788055	501 (C)(3)	100,000.	0			THE WEILS, MEMORY CARE PAVILION
MUSICAL ARTS ASSOCIATION 11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501 (C)(3)	10,000.	0			CLEVELAND ORCHESTRA GENERAL SUPPORT
NESIYA INSTITUTE 149 MADISON AVENUE, SUITE 1178 NEW YORK NY 10016	36-3494706	501 (C)(3)	10,000.	0			GENERAL SUPPORT
PIANO INTERNATIONAL ASSOCIATION OF NORTHERN OHIO - 20600 CHAGRIN BLVD, SUITE 1110 - CLEVELAND, OH 44122	34-1774615	501 (C)(3)	25,000,	0			GENERAL SUPPORT
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVENUE CLEVELAND, OH 44103	52-2401852	501 (C)(3)	200,000*	0			CAPITAL CAMPAIGN
THE CENTERS FOR FAMILIES AND CHILDREN - 4500 EUCLID AVENUE - CLEVELAND, OH 44013	23-7084455	501 (C)(3)	5,500.	0			EL BARRIO; GENERAL SUPPORT
THE FISHER HOUSE OF GREATER CLEVELAND, INC 21886 SEABURY AVENUE - FAIRVIEW PARK, OH 44126	80-0678828	501 (C)(3)	25,000,	0			CAPITAL CAMPAIGN
NORTH AMERICA - ONE PENNSYLVANIA PLAZA, SUITE 1606 - NEW YORK, NY 10119	13-3014387	501 (C)(3)	100,000	0			GENERAL SUPPORT SHALOM HARTMAN INSTITUTE, ISRAEL Schedule I (Form 990)

34-6560945 Page 1		tion of (h) Purpose of grant sistance or assistance	2014/2015 CAMPAIGN	STUDENTS AT RISK, ISRAEL	OLD STONE EDUCATION CENTER; GENERAL SUPPORT			
	art II)	(g) Description of non-cash assistance						
	edule I (Form 990), P.	(f) Method of valuation (book, FMV, appraisal, other)						
	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(e) Amount of non-cash assistance	0	0	0			
		(d) Amount of cash grant	78,000,	50,000.	5,500.			
Schedule I (Form 990) DAVID & INEZ MYERS FOUNDATION		(c) IRC section if applicable	501 (C)(3)	501 (C)(3)	501 (C)(3)			
		(b) EIN	34-6516654	06-1669917	34-0714800			
	Part II Continuation of Grants and Other		UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	WORLD ORT, INC. 1745 BROADWAY, 17TH FLOOR NEW YORK NY 10019	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CLEVELAND, OHIO - 4019 PROSPECT AVENUE - CLEVELAND, OH 44103			

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL GRANTEES WITHIN 6-9 MONTHS OF RECEIVING THE GRANT, IN SELECTED CASES, SITE VISITS THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT INCLUDING HOW THE GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT AWARD LETTER DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING (b) Number of recipients ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS. (a) Type of grant or assistance PART I, LINE 2: REQUIREMENTS.

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Schedule I (Form 990) (2014)

Schedule I (Form 990) DAVID & INEX MYERS FOUNDATION	34-6560945	Page 2
Part IV Supplemental Information		
U.S. CHARITIES WHICH, AS PART OF THEIR ACTIVITIES, FUND OVERSEAS PROJECTS.		
SOME OF THE GRANTS INCLUDE RECOMMENDATIONS THAT SUCH GRANTS BE USED TO		
SUPPORT CERTAIN FOREIGN CHARITABLE ORGANIZATIONS OR THEIR PROJECTS, SUCH		
RECOMMENDATIONS ARE ADVISORY ONLY AND SUCH U.S. ORGANIZATIONS MAKE THE		
FUNDING DECISIONS. THESE U.S. TAX -EXEMPT ORGANIZATIONS ARE EXPECTED TO		
FILE SEPARATE FORM 990'S WITH A SCHEDULE F FOR THEIR GRANTS TO FOREIGN	····	
GRANTEES.		
GRANTS TO DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN		
GRANTS TO DOMESTIC SUITE/ (3) ORGANIZATIONS THAT SUFFORT A STRONG FORDIGN		
ENTITY HAVE BEEN INCLUDED ON SCHEDULE F.		
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT: BNAI BRITH YOUTH ORGANIZATION INC.		
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; OHIO NORTHERN		
REGION 2015: GENERAL SUPPORT; 2015 MARCH OF THE LIVING STUDENT TRAVEL		
NAME OF ORGANIZATION OR GOVERNMENT: CASE WESTERN RESERVE UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: VIOLINS OF HOPE: SUPPORT OF		
PROGRAMMING BY CLEVELAND ORCHESTRA, MALTZ MUSEUM OF JEWISH HERITAGE &		
CLEVELAND INSTITUTE OF MUSIC		
NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF CLEVELAND		
(H) PURPOSE OF GRANT OR ASSISTANCE: 2015 CAMPAIGN FOR JEWISH NEEDS;		
BIRTHRIGHT ISRAEL 2015 TRIPS; FOUNDATION DEPARTMENT; PHILANTHROPIC FUND		
SUPPORT; FUND FOR THE JEWISH FUTURE; INTERFAITH FAMILY INITIATIVE;		
ARTWORK FOR MANDEL BUILDING		
NAME OF ORGANIZATION OR GOVERNMENT:		
		

Schedule I (Form 990) David & INEX MYERS FOUNDATION Part IV Supplemental Information	34-6560945	Page 2
- are to cappionental information		
JEWISH FEDERATIONS OF NORTH AMERICA INC.		
(H) PURPOSE OF GRANT OR ASSISTANCE: RECOMMENDATIONS: COUNSELING CENTER		
FOR WOMEN, ISRAEL; KVUTZAT REUT; TEL HAI ACADEMIC COLLEGE: CENTER FOR		
STUDENTS WITH DISABILITIES; MERAV CHILDREN'S GROUP HOME, GENERAL SUPPORT		
		
	 	
		

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.

DAVID & INEZ MYERS FOUNDATION

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 34-6560945

Par	t 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	ļ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			!
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			}
	Compensation committee Written employment contract	1]	
	Independent compensation consultant Compensation survey or study	1	1	
	Form 990 of other organizations Approval by the board or compensation committee	İ	l	
	, , , , , , , , , , , , , , , , ,	-		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			ļ
	organization or a related organization	l		
а	Receive a severance payment or change-of-control payment?	4a	 	<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
C	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		1	
	contingent on the revenues of	1	-	
а	The organization?	5a	<u> </u>	x
b	Any related organization?	5b		x
	If "Yes" to line 5a or 5b, describe in Part III	l		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	l		1
	contingent on the net earnings of	- 1		1
а	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III		1	1
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			x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	. 9		

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

Schedule J (Form 990) 2014

DAVID & INEZ MYERS FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2014

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.

	Γ				bue toomositoo (O)	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1039-MiSC compensation	oc compensation	other deferred		(a)-(i)(B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
	-				0	0	0,	0
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TEE/SECRETARY	≣ €	535,04				0	0	0
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2014
Open to Public Inspection

Name of the organization **Employer identification number** DAVID & INEZ MYERS FOUNDATION 34-6560945 FORM 990 PART VI SECTION A LINE 2: DIETER H. MYERS AND HAL H. MYERS HAVE A FAMILY RELATIONSHIP. S.LEE KOHRMAN AND MARC C. KRANTZ HAD A BUSINESS RELATIONSHIP. BRUCE GOODMAN AND HENRY GOODMAN HAVE A FAMILY AND BUSINESS RELATIONSHIP. STEPHEN H. HOFFMAN. REIS AND MATTHEW KALIFF HAVE A BUSINESS RELATIONSHIP. THEY ARE OFFICERS OR EMPLOYEES OF THE FEDERATION, THE SUPPORTED ORGANIZATION FORM 990 PART VI, SECTION A LINE 6: 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 THE FEDERATION MEMBER ELECTS A MAJORITY OF THE BOARD OF TRUSTEES; THE DONOR MEMBER(S) ELECTS A MINORITY OF THE BOARD OF TRUSTEES FORM 990 PART VI SECTION A LINE 7B: IF A MAJORITY OF THE BOARD PRESENT AT A MEETING ARE NOT FEDERATION ELECTED TRUSTEES, ANY ACTIONS TAKEN BY THE BOARD AT THAT MEETING ARE NOT EFFECTIVE UNTIL APPROVED BY THE FEDERATION MEMBER. UNDER STATE LAW, MEMBERS MUST APPROVE ANY DISSOLUTION ACTION ADOPTED BY THE BOARD AND ANY BOARD APPROVED SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS

FORM 990 PART VI SECTION B LINE 11:

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

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

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization DAVID & INEX MYERS FOUNDATION	Employer identification number 34-6560945
DAVID & INEZ MIEKS FOUNDATION	1 34-0300343
FORM 990 IS EMAILED TO EACH OFFICER/TRUSTEE FOR REVIEW BEFORE FILING, FORM	
990 IS PREPARED BY THE SUPPORTED ORGANIZATION'S STAFF AND THEN BEFORE	
FILING IS REVIEWED BY THE FOUNDATION'S OUTSIDE AUDITORS AND BY THE	
FOUNDATION'S TREASURER (WHO ALSO IS THE SUPPORTED ORGANIZATION'S ASSISTANT	
TREASURER). THE CIRCULATED COPY DOES NOT INCLUDE SCHEDULE B CONTRIBUTORS IF	
ANY OR COMPENSATION PAID BY THE RELATED ORGANIZATION. THIS INFORMATION IS	
MADE AVAILABLE UPON REQUEST.	
FORM 990 PART VI SECTION B. LINE 12C:	
FORT 390, PART VI, SECTION B, BINE 12C:	
EVERY TRUSTEE, OFFICER, BOARD MEMBER, COMMITTEE MEMBER AND EMPLOYEE IN A	
POSITION TO INFLUENCE, PROVIDE NON-PUBLIC INFORMATION OR VOTE ON FOUNDATION	
POLICIES OR EXPENDITURES, (A KEY INDIVIDUAL) IS REQUIRED TO SIGN A	
STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF	
INTEREST POLICY PRIOR TO EMPLOYMENT OR SERVING ON THE FOUNDATION BOARD OR	
KEY COMMITTEE. THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH TRUSTEES	
ANNUALLY AT A FOUNDATION BOARD MEETING. IN ADDITION, ANY NEW KEY	
INDIVIDUAL IS PROVIDED A COPY OF THE POLICY UPON COMMENCEMENT OF HIS OR HER	
POSITION AS A KEY INDIVIDUAL AND IS REQUIRED TO SIGN AND DELIVER TO THE	
FOUNDATION A STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE	
POLICY. A COPY OF THE POLICY IS SENT ANNUALLY TO ALL KEY INDIVIDUALS. THE	
FEDERATION (SUPPORTED ORGANIZATION) ENDOWMENT DEPARTMENT PERSONNEL ARE	
RESPONSIBLE FOR MAINTAINING COPIES OF SIGNED STATEMENTS AND FOLLOWING UP TO	
ENSURE THAT A STATEMENT IS OBTAINED FROM EACH KEY INDIVIDUAL. TREASURER OF	
THE FOUNDATION (WHO IS ALSO ASSISTANT TREASURER OF THE SUPPORTED	· · · · · · · · · · · · · · · · · · ·
ORGANIZATION) IS RESPONSIBLE FOR MONITORING CONFLICT SITUATIONS, IF ANY, IF	·
A BOARD MEMBER HAS AN INTEREST IN A TRANSACTION, HE OR SHE IS REQUIRED TO	
DISCLOSE AND NOT VOTE.	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
DAVID & INEZ MYERS FOUNDATION	34-6560945
FORM 990, PART VI, SECTION B, LINE 15:	
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.	
TORN COO DARK WE CROSSING A TIME 10.	
FORM 990, PART VI, SECTION C. LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS	
ARE NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PARTNERSHIP/S CORPORATION LOSS (INCOME) - TOTAL -3,025,659.	
CANCELLATION OF PRIOR PERIOD GRANTS/RETURNED APPROPRIATIONS 36,850.	
TOTAL TO FORM 990, PART XI, LINE 9 -2,988,809.	
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	
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.	

SCHEDULE R (Form 990)

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.irs.gov/form990

Open to Public Inspection

Employer identification number Direct controlling 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 34-6560945 End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity DAVID & INEZ MYERS FOUNDATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part I

Part II

					9	(5)
(a)	(q)	(c)	(p)	(e)	(n)	Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling entity	controlled entity?
of related organization		Toreign country)		501(c)(3))		Yes No
TENTER BENEBRATION OF CLEVELAND - 34-0714445	GRANTS & ALLOCATIONS FOR					
25701 SCIENCE PARK DRIVE	CHARITABLE, EDUCATIONAL					>
CIEVELAND OH 44122-7302	AND RELIGIOUS PURPOSES	оно	501(C)(3)	7	N/A	-
ADLER FAMILY FOUNDATION - 34-1858749	SUPPORT CHARITABLE,				MOTER REGIONS	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				DEWISH FEDERALION	>
CIEVELAND OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	<
MILDRED & MARTIN BECKER FAMILY FOUNDATION -	SUPPORT CHARITABLE,				NOTERGRADE	
34-1711965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			1	JEWISH FEDERALLON	×
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(c)(3)	TIA TYPE I	OF CLEVELAND	
THE SEMI J. & RUTH W. BEGUN FOUNDATION -	SUPPORT CHARITABLE,				TEWICH PEDERATION	
34-1594565, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			,	DENIEN LEDENIE	×
20 A A 1 2 2 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3	PURPOSES OF FEDERATION	DHIO	501(C)(3)	T SAXT VIT	Or Chevena	
					Schedule R (F	Schedule R (Form 990) 2014

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

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34	

Schedule R (Form 990) DAVID & INEZ MYERS FOUNDATION Part II Continuation of Identification of Related Tax-Exempt Organizations	OUNDATION xempt Organizations				34-6560945		
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	
FAMILY FOUNDATION - 34-1832963 NCE PARK DRIVE	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OTAG	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	
LY FO	EURFOSES OF FEDERALLON SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	DHTO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	1
OH 44122-7302 HEBREW SCHOOLS EDUCATIONAL FDIN - 25701 SCIENCE PARK DRIVE	1 7 7 .	оїно	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	ı
AND, OH 44122-1 E, & VICTOR J, C TION - 31-160693	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	DHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	i
ON C	SEE SCHEDULE R, PART VII, SUPPLEMENTAL INFORMATION FOR DRIMARY ACTIVITY	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	1
HOLD SNCE P		огно	501(C)(2)	N/A	JEWISH FEDERATION OF CLEVELAND	×	1
TION NCE P	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OIHC	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	ı
OH TUEL M	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PIRPOSES OF PEDERATION	ОНО	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	1
JOHN 5, 257	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS burdeness of Federation	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	1
& REG	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	ОПО	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	ı
ROBERT AND SUSAN R, HURWITZ FAMILY FOUNDATION - 34-1916908, 25701 SCIENCE PARK	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	X	1
DATIO IK DRI	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×	ı

xempt Organizations	
intinuation of Identification of Related Tax-Exemp	
Part II Co	

Part II Continuation of Identification of Iteration of	0			(2)	4)	(5)
(a)	(q)	(c)	(a)	(e)	Direct controlling	Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Fublic charity	Olect Colling	controlled organization?
of related organization		foreign country)	section	status (II section 501(c)(3))	- Colonia	Yes No
JEWISH COMMUNITY HOUSING INC 34-1276120	SEE SCHEDULE R, PART VII,				TEWISH FEDERATION	
25701 SCIENCE PARK DRIVE	SUPPLEMENTAL INFORMATION				DENTENET PRODUCE	×
CLEVELAND, OH. 44122-7302	FOR PRIMARY ACTIVITY	опно	501(C)(3)	TIA TYPE 1	OF CLEVERAND	
LADER FAMILY FOUNDATION - 31-1566160	SUPPORT CHARITABLE,				TEWICH PEDERATION	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			1	DESTRUCTION AND ACCOUNT.	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ойно	501(C)(3)	TIA TYPE 1	OF CLIBVELIAND	:
14	SUPPORT CHARITABLE,				NOTE & deducted 110 + 121	
1 ‰	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERALLON	>
ı	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	OF CLEVELAND	¢
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE,					_
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS					>
	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	T SALL BIT	OF CUEVEURINE	-
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE,				NOTEKGGGGG HOTELT	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				DEWLISH FEDERALION	×
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	OIHO	501(C)(3)	T JAKE T	Or Chevenhur	
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,				NOTH-KODGGG HOTHER	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			,	JEWISH FEDERALION	>
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	DHIO	501(C)(3)	11A TYPE 1	OF CLEVELAND	<
LY FC	SUPPORT CHARITABLE,					
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			1	DEWISH FEDERALION	
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	T HALL VIT	Or Cheveland	
NG FDINS-JACK N, AND LILYAN	SUPPORT CHAR TABLE,				NOTTREGERED TO THE	
701 SCIENCE PARK	EDUCATIONAL			5	DEWIND FEDERALION	×
DRIVE CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	TIA TIFE I	Or Chevelrate	
, SPPRTING FDINS-	SUPPORT CHARITABLE,				TEWTON PENERATION	
	$\neg \tau$				DE CLEVELAND	×
DRIVE CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	ОППО	501(C)(3)	TAXI VII	TWINTEN TO JO	
SPPRTING FDTNS-	SUPPORT CHARITABLE,				NOTTHE BENERATION	
SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				DEWISH FEDERALION	×
LA	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	T ZAXI. VII	Or Chevenoria	
FAMILY FOUNDAT	SUPPORT CHARITABLE,				NOTE & GEORGE TO THE	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				DEWISH FEDERALION	>
CIEVELAND OF 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	
D FAM	SUPPORT CHARITABLE,					
34-1832965 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			1	~	>
OH 441	PURPOSES OF FEDERATION	DHIO	501(C)(3)	T HALL TITLE	Or Chevenand	
432222		51				
05-01-14		•				

	NOTHERDRIC				34-6560945	
Schedule H (Form 990) DAVID & INEL MIERS FORMATION OF Gentification of Related Tax-Exempt Organization	xempt Organizations					
1	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled organization?
E MII	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
OH TH MI 257	1 24	ОПО	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
~1 ~0 51	1 26	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
AND MYRON NICKE TION - 34-191691	1 224	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
DEBRA ANN NG	1 25	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
31-160 SNCE F		OHTO.	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
RATNE	SEE SCHEDULE R, PART VII, SUPPLEMENTAL INFORMATION	OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
1 기 테		ОНО	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
S & SYL		OIHO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
ENID ROSENBE 5 25701 SCIE		OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
FAMIL SNCE P		оінс	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
CLEVELAND, OH 441.22-7302 NATHAN & FANNYE SHAFRAN FOUNDATION - 34-1458950, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 441.22-7302	I 0≤ I	онто	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations					
(a)	(q)	(c)	(p)	(e)	(f)	(g) Section 512(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 501(c)(3))	Direct controlling entity	controlled organization?
	SUPPORT CHARITABLE,				JEWISH FEDERATION	
34-1806781, 25701 SCIENCE PARK DRIVE,	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
15	SUPPORT CHARITABLE,				NOT BE ADDITION OF THE PARTY OF	
962, 2570	EDUCATIONAL AND RELIGIOUS				DEWISH FEDERALLON	*
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	T SALL WIT	Or Cuevenan	
VIN	SEE SCHEDULE R, PART VII,				TEWISH PEDERATION	
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION		, c		OF CLEVELAND	×
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	OIHO	201101131			
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,				TEWTON PRDERAMION	
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			7	DE CLEVELAND	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OIHO	501(C)(3)			
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,				NOTTHE BEDGE NOTHER	
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				DE CLEVELAND	×
CLEVELAND OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	TIA TYFE I		-
SIMON FAMILY FOUNDATION - 34-1808584	SUPPORT CHARITABLE,				TEWICH PEDERATION	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				DEWLEN FEDERALES	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	TIA TIFE T	מניייייייייייייייייייייייייייייייייייי	
- 51	SUPPORT CHARITABLE,				TEWTOH PEDERATION	
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				DEWISH FEDERALES	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	DIHO	501(C)(3)	T SALL WITH	OF CULVILLIAN	
DAVID AND ROBERT STEIN FOUNDATION -	SUPPORT CHARITABLE,				TEWISH PEDERATION	
34-1466318 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			113 400 1	OF CLEVELAND	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	761751700	211		
IRVING I, STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,				TEWISH PEDERATION	
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			11.8 mvbt 1	DE CLEVELAND	×
CLEVELAND, OH. 44122-7302	PURPOSES OF FEDERATION	OHIO	767757	1112		
NINA & NORMAN WAIN FAMILY FOUNDATION -	SUPPORT CHARITABLE,				TEMTON PENERATION	_
31-1502119 25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				DE CLEVELAND	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	TIA TIFE I		
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,				TEWTOH FEDERATION	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				OF CIEVELAND	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	T TALL BIT	Or Cuby burner	
BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -	SUPPORT CHARITABLE,				TEWICH PRINCEAUTON	
34-1562999, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS		501/01/31	113 TYPE 1	OF CLEVELAND	×
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	DHIO	D01/5//3/	י הייי טיח		
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Schodule B (Exm 990) AVERS POUNDATION	OUNDATION				34-6560945	
of Iden	Exempt Organizations					
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5/2(bX13) controlled organization?
DAN AND ELLEN ZELMAN FAMILY FOUNDATION - 38-3876650, 25701 SCIENCE PARK DRIVE,	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS DIRPOSES OF PEDERATION	OHIO	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×
CLEVELAND OH 44122-7302 ZILBER FAMILY FOUNDATION - 34-1711966 25701 SCIENCE PARK DRIVE CLEVELAND OH 44122-7302	SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION	OHC	501(C)(3)	11A TYPE 1	JEWISH FEDERATION OF CLEVELAND	×

Page 2

34-6560945

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 DAVID & INEZ MYERS FOUNDATION Schedule R (Form 990) 2014 Part III

Schedule R (Form 990) 2014 General or Percentage managing ownership (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 3 Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ <u>6</u> Disproportionale Yes allocations? Ξ Share of total income (g)
Share of end-of-year assets 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) <u>e</u> Legal domicile (state or foreign country) (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 432162 08-14-14 Part IV

With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
ransactions With Rel	
Part V Tra	

				_
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			9	res no
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IrIV or	is with one or more re	elated organizations listed	in Parts II-IV?	×
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>-			*
b Gift, grant, or capital contribution to related organization(s)				\vdash
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan guarantees to or for related organization(s)				
				ė
f Dwidends from related organization(s)				+
				1g X
				Th X
h Purchase of assets from related organization(s)				it X
 Exchange of assets with related organization(s) 				
j Lease of facilities, equipment, or other assets to related organization(s)				-
				7k X
K Lease of facilities, equipment, of other assets morn career organization(s)	anization(s)			=
Performance of services of filefilluership of full draining solicitations by related organization(s)	anization(s)			1m ×
	non(s)			×
Charing of paid employees with related organization(s)				10 X
n Reimbursement paid to related organization(s) for expenses				×
				1g ×
r Other transfer of cash or property to related organization(s)				+
s Other transfer of cash or property from related organization(s)				Y Y
	who must complete t	his line, including covered	relationships and transaction thresholds	
	(q)	(0)	beylova tarome parameter to bothom	volved
Name of related organization	I ransaction type (a-s)	Amount involved		
į				
(1)				
(3)				
(4)				
(5)				
(9)	56		Schedule	Schedule R (Form 990) 2014
432163 08-14-14)			

Schedule R (Form 990) 2014 DAVID & INEZ MYERS FOUNDATION

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

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

(h) (i) (i) (k) (k)

UsproporUnate amount in box 20 managing ownership
allocations? of Schedule K-1 partner?

Ves No (Form 1085) Yes No Share of end-of-year assets 6 Share of total income Ξ Are all partners sec 501(c)(3) orgs? Predominant income par (related, unrelated, excluded from tax under sections 512-514) <u>ত</u> (c) Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of entity <u>a</u>

Schedule R (Form 990) 2014

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:
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOUNDATION:
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,
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:
3235 08-14-14 Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 DAVID & INEZ MYERS FOUNDATION	34-6560945	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions)		
1 TOVIDE AUDITION INTO THE AUDITION TO TESPONSES TO QUESTIONS OF SCHEDULE 11 JSEE MISTRUCTIONS)		
•		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PROMOTION OF QUALITY LIFE-LONG JEWISH LEARNING		
OPPORTUNITIES		
		
		
		
	···	
		
		
		