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Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

Open to Public

▶ 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

OMB No 1545-0047

	rui uie	20 to calendar year, or tax year beginning	anu anu	enuing				
В	Check if applicable	C Name of organization			D Employer identifi	cation number		
	Addre	THE SEMI J. & RUTH W. BEGUN FOUNDS	TION					
	Name chang	Doing business as			34-159	4565		
	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suit	e E Telephone numbe	er		
7	Final	25701 SCIENCE PARK DRIVE	,		) — · · · · · · · · · · · · · · · · · ·	 3-2900		
_	return/ termin	_ <del></del>	71D 4	L		10,649,978.		
_	ated Ameno	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$			
<u> </u>	return Applic	CLEVELAND, OR 44122-7302			H(a) Is this a group r			
L_	tion pendir	F Name and address of principal officer BARKY			for subordinate:	S? Yes X No		
_	pendii	25701 SCIENCE PARK DR., CLEVELAND,	ОН 44122		H(b) Are all subordinates i	ncluded? Yes No		
1	T <u>ax-e</u> xe	empt status X 501(c)(3) 501(c) ( )		or 52	If "No," attach a	list. (see instructions)		
J	Websit	e: ▶ NONE			H(c) Group exemption	on number 🕨		
_			ociation Other	L Yea	r of formation; 2000	VI State of legal domicile; OH		
_	art I	Summary				· · · · · · · · · · · · · · · · · · ·		
_	1 1	Briefly describe the organization's mission or most	significant activities TO CAR	RY OUT	THE CHARITABLE,			
Governance		EDUCATIONAL AND RELIGIOUS PURPOSES OF						
.ua	2	Check this box I if the organization discor	tinued its operations or dispo	sed of mo	re than 25% of its net a	ssets		
ē	3	Number of voting members of the governing body	•		3	7		
ဇ္	4		•		<del></del>	7		
	*	Number of independent voting members of the gov	• • • • • • • • • • • • • • • • • • • •		4			
ies		Total number of individuals employed in calendar y	ear 2016 (Part V, line 2a)		5	0		
Ξ	1	Total number of volunteers (estimate if necessary)			6	6		
Activities &	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7 <u>a</u>	0.		
_	_b	Net unrelated business taxable income from Form 9	990-T, line 34			0,		
				L	Prior Year	Current Year		
0	8	Contributions and grants (Part VIII, line 1h)			33,369.	0.		
Revenue	9		rogram service revenue (Part VIII, line 2g)					
eve	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	<u> </u>	141,952.	360,953.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	· ·	-	0.	0.		
	1	Total revenue - add lines 8 through 11 (must equal	175,321.	360,953.				
_					1,630,436,	1,445,570.		
	1	Grants and similar amounts paid (Part IX, column (A	-	0,	0.			
	1	Benefits paid to or for members (Part IX, column (A	•	- ⊦-	0.	<del></del>		
ë	15	Salaries, other compensation, employee benefits (F		<u> </u>		0.		
ü	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0,	0.		
Expenses	ь	Total fundraising expenses (Part IX, column (D), line	e 25)	<u> </u>				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		60,933	130,916.		
	18	Total expenses Add lines 13-17 (must equal Part I)	K, column=(A), line 25)		1,691,369.	1,576,486.		
	19	Revenue less expenses Subtract line 18 from line	12 RECEIVEL		<1,516,048.	<1,215,533.>		
sts or			1 1		Beginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)	8 NOV 2 0 2017	1911	26,063,668.	26,378,134.		
4SS Ra	21	Total liabilities (Part X, line 26)		1811-	1,450,073	2,054,942.		
Net Asse	21		100000000000000000000000000000000000000	·····	24,613,595	24,323,192.		
	22 art II	Net assets or fund balances Subtract line 21 from Signature Block	line 20 OCOCAL U		24,013,333	24,525,152.		
_		Ities of perjury, I declare that I have examined this return,	including accompanying schedul	e and etate	ments and to the hest of n	y knowledge and helief it is		
		t, and complete. Declare that I have examined this return,	· ·			ly knowledge and belief, it is		
1100	,	c, and complete. Declaration of preparer (other than office	i ) is based oil all linormation of w	men prepar		(10/10		
		Signature of officer	<del> </del>		Date	10/17		
Sig		, <u> </u>			20.0			
He	re	BARRY REIS, TREASURER						
_		Type or print name and title	<u> </u>		T D-1.	- 11 5 <del>2</del> 0		
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Pai	id	<u></u>			self-empto	yed		
Pre	parer	Firm's name			Firm's EIN			
Use	e Only	Firm's address	<del></del>					
	•				Phone no.			
Ma	v the I	RS discuss this return with the preparer shown abo	va? (see instructions)		1	Yes No		
ivid	y ule l	to discuss this return with the preparer shown abo	TO (SEE INSULUCIONS)					



Form	1990 (2016) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page <b>2</b>
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	FURTHER THE CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF THE		
	JEWISH FEDERATION OF CLEVELAND.	<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
~	prior Form 990 or 990-EZ?	,	Yes X No
	If "Yes," describe these new services on Schedule O	ı	
_		0	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es r	Yes LA_INO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a	································	evenue \$	)
	GRANTS TO 501(C)(3) ORGANIZATIONS MADE TO SUPPORT THE CHARITABLE,		
	EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND	<del></del>	
			<del></del>
4b	(Code ) (Expenses \$ including grants of \$ ) (R	evenue \$	
40	(Code) (Expenses \$ including grants of \$ ) (A	evenue \$	<del></del> '
		<del></del>	
	<del></del>		
		<del></del>	
		<del></del> -	
		<del> </del>	<del></del>
		·	
4c	(Code ) (Expenses \$ Including grants of \$) (Filter of the control of the c	evenue \$	)
			<del></del>
			<del></del>
			<del> </del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
<u>4e</u>	Total program service expenses ▶ 1,445,570.		
			Form <b>990</b> (2016)

Form 990 (2016)

THE SEMI J. & RUTH
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	ľ
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	140		$\vdash$
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	. :	Ì	<b> </b>
	complete Schedule G, Part III	19	000	X (224.2)
		Form	<b>33</b> 0	(2016)

# Form 990 (2016) THE SEMI J. & RUTH W. BEGUN Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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	<u> </u>	х
b	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	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20				
а	Instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	ļ	<del></del> -
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		Ē
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			-
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	Ļ
		Form	990	(2016)

	990 (2016) THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-159456	5	P	age 3
Par	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			╙
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	1	
Þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	١.		
•-	(gambling) winnings to prize winners?	1c	├	<b>-</b>
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0	ļ	
	filed for the calendar year ending with or within the year covered by this return  2a	-1		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<del> </del>	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	├	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	100	<del> </del>	
76	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	<u>"</u>	<del>                                     </del>	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	·	]	ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
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	<sup>7</sup> 7a	ļ	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>.</b>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	<b>├</b> -	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	$\dashv$ _		,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<del></del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/A	+
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7 7h	N/Z	-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	´ <del>  ^"</del>	14/2	<del></del>
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	۴	$\vdash$	-
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		ĺ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		l
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			İ
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- [		ļ
	amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	<b>└</b>	ļ
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>	ļ
a	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a	<b>↓</b>	<b>⊢</b> —
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	+	┼	<del>                                     </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X

Form **990** (2016)

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

Form 990 (2016) THE SEMI J. & RUTH W. BEGUN FOUNDATION Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Х 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 Nο х 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** 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 1<u>6a</u> X taxable entity during the year? 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 ▶OH 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

Another's website 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.

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

Form 990 (2016)

# Part VIII 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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ntior	than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	_	cer ar	io a o	rect	T	(ee)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	p ro	   g			ated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		e e	uadı		(W-2/1099-MISC)		organization
	below	t en	bonal		e le	at con	_			and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR ALLAN STEINHARDT	0.30	_		Ŭ						
TRUSTEE/PRESIDENT	0.00	х		х				0.	0.	0
(2) J DAVID HELLER	0.10									
TRUSTEE	2.90	х						0.	0.	0
(3) SALLY H WERTHEIM	0.30									
TRUSTEE/VICE PRESIDENT	0.80	х		х	<u> </u>	L	$ldsymbol{ld}}}}}}$	0.	0.	0
(4) PETER BALDI	0.10	1								
TRUSTEE	0.00	х			<u> </u>	<u> </u>		0.	0.	0
(5) MARCIA J WEXBERG	0.10							_	_	
TRUSTEE	0.50	х	_		<u> </u>	ļ	<u> </u>	0.	0.	0
(6) STEPHEN H HOFFMAN	0.10	١							546 545	
TRUSTEE	40.00	Х	-	_		<b>ļ</b>	ļ	0.	546,515.	32,430
(7) KENNETH HOCHMAN TRUSTEE	0.10	x	l	l			ŀ	0.	0.	
(8) HEDY P MILGROM	0.30	<del> ^</del>		-		├-	├	0.	0.	0
SECRETARY	40.00	1		x			l	0.	191,152.	13,460
(9) BARRY REIS	0.20	-	-	<del>-</del>	-	╁	-			
TREASURER	40.00	1		х				0.	292,768.	41,139
(10) SHEILA ALLENICK	0.20	$\vdash$			_			· · · · · · · · · · · · · · · · · · ·		,
ASSISTANT TREASURER	40.00	1		x				0.	163,496.	20,338
		<u> </u>								
		1								
		_	_		Ļ	<u> </u>	_			
		4								
		<u> </u>	<u> </u>	<u> </u>	$\vdash$					
	<u> </u>	ł				l				
		$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	-			
		ł								
		├-	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$			
		J	i	1	ı	1	ı	1	I	

632007 11-11-16

, 230	tion A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week	(C) Position (do not check more than o box, unless person is both officer and a director/trust				than	one h an	(D) Reportable compensation from	(E) Reportable compensatio from related		on amount o		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fr org and	pensa om th anizat d relat inizati	e tion ted
					_		ļ							
														-
				-										
						_	ļ							
1b Sub-total			_					<b>_</b>	0.	1,193,	931.		107	,367.
	n continuation sheets to Part \ I lines 1b and 1c)	/II, Section A						<b>▶</b>	0.	1,193,	0. 931.		107	0. ,367.
	ber of individuals (including but ation from the organization	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	,000 of reportab	ole			(
	ganization list any former office			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			Yes	No
4 For any in	"Yes," complete Schedule J for dividual listed on line 1a, is the s d organizations greater than \$1:	sum of reportab	le c						•	the organization		3	x	X
5 Did any pe	erson listed on line 1a receive or to the organization? If "Yes," col	accrue compe	nsat	ion 1	from	any	y uni			idual for services	3	5		x
Section B. Ind	ependent Contractors this table for your five highest of							ors 1	that received more than	\$100,000 of cor	mnens		rom	
•	zation Report compensation fo	•	•						n the organization's tax	•				
	(A) Name and busines	s address	NO	NE		_			(B) Description of s	services	С	ompe		n
		<del></del>								. <u></u> .				
								_	A					
				-				_						<u></u>
	ber of independent contractors	•	not li	mite	d to	the	ose li	sted	d above) who received in	nore than				
<u>\$100,000</u>	of compensation from the organ	nzation -							<del></del>			Form	990	(2016)

632008 11-11-16

Га	rt VII	Check if Schedule O conf		nse or note to any lin	e in this Part VIII			
		9.100.1.1. 90.1000.10 9 901.11	and a roope.	isc of field to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
اوق	b	Membership dues	1b					
A, C	c	Fundraising events	1c					
ig ig	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) 1e					
e E	f	All other contributions, gifts, gran	its, and					
독취		similar amounts not included abo	ve <b>1</b> f					
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	s 1a-1f \$					
O B	h	Total. Add lines 1a-1f		Business Cada				<u> </u> -
	2 a			Business Code				
ا څ	b							
Sei	c							
e a	d							
Program Service Revenue	е							
ų.	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dıvıdends, ın	terest, and				
		other similar amounts)		<b>&gt;</b>	437,829.			437,829.
	4	Income from investment of ta	x-exempt bor	nd proceeds				
	5	Royalties		1				
		0	(i) Real	(II) Personal				
		Gross rents		-				
		Less rental expenses Rental income or (loss)	<u> </u>	-				
		Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securitie		<del></del>			
		assets other than inventory	9,097,2	<del> </del>				
	ь	Less cost or other basis	<del></del>					
		and sales expenses	9,157,6	92. 1,131,333.				
	c	Gain or (loss)	<60,4	43. <16,433.	>			
	d	Net gain or (loss)		<b></b>	<76,876.	>		<76,876.
enne	8 a	Gross income from fundraisin including \$	•					,
		contributions reported on line	1c) See	1				
Other Rev		Part IV, line 18		а				
뜛		Less direct expenses		b				
		Net income or (loss) from fund		ts				
	9 a	Gross income from gaming a	ctivities See	1				
		Part IV, line 19		a				
		Less direct expenses		b				
		<ul> <li>Net income or (loss) from gan</li> <li>Gross sales of inventory, less</li> </ul>	U	<u> </u>				
	io a	and allowances	returns	a				
	h	Less: cost of goods sold		b				
		Net income or (loss) from sale	es of inventor					
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е			<b>&gt;</b>			·	
	12_	Total revenue. See instructions.	<del> </del>	<b>&gt;</b>	360,953.	0.	0.	
63200	9 11-1	1-16						Form <b>990</b> (2016)

# Form 990 (2016) THE SEMI J. & RUTH W. BEGUN FOUNDATION Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a respor	se or note to any line in	this Part IX							
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,288,310.	1,288,310.							
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	157,260.	157,260.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,			ļ						
	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)				_ <del> </del>					
7	Other salanes and wages									
8	Pension plan accruals and contributions (include		,							
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes		<del></del>		<del></del>					
11	Fees for services (non-employees)									
	Management	<del>-</del>								
b	Legal									
C	Accounting				<del></del>					
d	Lobbying Professional fundraising services. See Part IV, line 17				<del></del>					
f	Investment management fees		<del></del>		<del></del>					
ı a	Other. (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion				<del></del>					
13	Office expenses	109.	<del></del>	109.						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel	4,630.		4,630.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest		<u>.                                    </u>							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization				<del></del> -					
23	Insurance				<del></del> -					
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	INVEST & ADMIN FEES	125,540.		125,540.						
ь	MEETING COST	437.		437.						
С	FILING FEES	200.		200.						
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	1,576,486.	1,445,570.	130,916.	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)		<del></del>		5 000 (224.2)					

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X	<u></u>		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		305,049.	2	1,196,696.
	3	Pledges and grants receivable, net		·	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
İ	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
ţ		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net	· · ·		7	
Ÿ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	Ī		9	
	10a	Land, buildings, and equipment cost or other	ı ı [			
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		20,334,385.	11	20,111,832.
	12	Investments - other securities See Part IV, line 1	5,424,234.	12	5,069,606.	
	13	Investments - program-related See Part IV, line	- "	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	Ī		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	26,063,668.	16	26,378,134.
	17	Accounts payable and accrued expenses		7,830.	17	928.
	18	Grants payable	1,442,243.	18	2,054,014.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons			
abi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables 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		1,450,073.	26	2,054,942.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.			
SE.	27	Unrestricted net assets	L	24,613,595.	27	24,323,192.
3als	28	Temporarily restricted net assets			28	
β	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
è		and complete lines 30 through 34.		•		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
et,	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		24,613,595.	33	24,323,192.
	34	Total liabilities and net assets/fund balances		26,063,668.	34	26,378,134.

Form **990** (2016)

	990 (2016) THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-159	4565	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets	-	•	
	Check if Schedule O contains a response or note to any line in this Part XI			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)			953.
2	Total expenses (must equal Part IX, column (A), line 25)		1,576	
3	Revenue less expenses Subtract line 2 from line 1		1,215	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	4,613	
5	Net unrealized gains (losses) on investments		925	,056.
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			74.
9	Other changes in net assets or fund balances (explain in Schedule 0)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	2	4,323	,192.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		1	
	Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	ո 990	(2016)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer	identification number			
		BEGUN FOUNDATION					-1594565			
Part I Reason for Public	Charity Status (A	All organizations must co	mplete thi	s part ) Se	e instructions	S.				
The organization is not a private found	dation because it is (i	For lines 1 through 12, c	heck only	one box.)						
1 A church, convention of ch	urches, or associatio	n of churches described	ın <b>sectio</b>	n 170(b)(1	)(A)(i).					
2 A school described in sect	ion 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	90-EZ).)						
3 A hospital or a cooperative					i).					
4 A medical research organiz					•	(iii). Enter	the hospital's name.			
city, and state		,					, ,			
5 An organization operated for	or the benefit of a col	llege or university owner	or operat	ed by a go	overnmentalı	ınıt describ	ed in			
section 170(b)(1)(A)(iv). (0		logo or anivorony owner	. о. оро.а.							
6 A federal, state, or local go		contal unit described in s	ection 17	O(5)(4)(6)	(v)					
	•					ho gonoral	nublic described in			
o .	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
		4VAVvi) (Complete Dort	. 11. \							
8 A community trust describe						land weent	aallaaa			
9 An agricultural research or	-									
or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	tne colleg	e or			
university										
10 An organization that norma	• • • • • • • • • • • • • • • • • • • •	•	-				= :			
activities related to its exer							-			
income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975			
See section 509(a)(2). (Co										
11 An organization organized										
12 X An organization organized	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to ca	arry out the	purposes of one or			
more publicly supported or	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in									
lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, an	d 12g				
a X Type I. A supporting org	•	•	-	-						
the supported organizati	on(s) the power to re	gularly appoint or elect a	majority o	of the dire	ctors or truste	es of the s	upporting			
organization You must	complete Part IV, Se	ections A and B.								
b Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving			
control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported			
organization(s) You mus	st complete Part IV,	Sections A and C.								
c Type III functionally into	egrated. A supportin	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,			
its supported organization	on(s) (see instructions	s) You must complete f	Part IV, Se	ections A,	D, and E.					
d Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organı	zation(s)			
that is not functionally in	tegrated The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness			
requirement (see instruc	tions) You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation						
f Enter the number of supported	organizations						1			
g Provide the following informatio	n about the supporte	ed organization(s)								
(i) Name of supported	(II) EIN	(iii) Type of organization	(iv) is the orga in your governi	inization listed ing document?	(v) Amount of	-	(vi) Amount of other			
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)			
JEWISH FEDERATION OF										
CLEVELAND	34-0714445	7	х			400,000.				
					ĺ					
					ĺ					
				1	<u> </u>					
	<u> </u>		f							
	<del> </del>			<b></b>			Į			

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		[		•	†	ł
	include any "unusual grants ")			<u> </u>	<u> </u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				İ	<u> </u>	]
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>		<u> </u>	[	<u> </u>
4	Total. Add lines 1 through 3						
5	The portion of total contributions		T				<u> </u>
	by each person (other than a		}	1		1	
	governmental unit or publicly		1	1		-	(
	supported organization) included		1		1	ļ	Į
	on line 1 that exceeds 2% of the		ļ	}		ļ	)
	amount shown on line 11,					1	
	column (f)		1			Í	1
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						i
	dividends, payments received on		j	ļ			j
	securities loans, rents, royalties						
	and income from similar sources		1	İ			
9	Net income from unrelated business						
	activities, whether or not the		]				
	business is regularly carried on					ļ	
10	Other income Do not include gain				1		
	or loss from the sale of capital			1	}		
	assets (Explain in Part VI)	<u> </u>				<u> </u>	]
11	Total support. Add lines 7 through 10			T			
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2016 (	line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2016. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			
t	33 1/3% support test - 2015. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organia	zation			▶
17a	10% -facts-and-circumstances tes	t - 2016. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and <b>stop</b> l	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	•	•		•		
t	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	check this box and	l <b>stop here.</b> Explai	n in Part VI how th	e
	organization meets the "facts-and-cir-	cumstances" test	The organization	qualifies as a publ	licly supported org	janization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨
					Sch	edule A (Form 990	or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	siow, picage com	pioto i di i i i				
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and					1	
	membership fees received (Do not			]			1
	include any "unusual grants ")			1		1	ł
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in					j	}
	any activity that is related to the organization's tax-exempt purpose				ļ		
3	Gross receipts from activities that					<del> </del>	<del> </del>
•	are not an unrelated trade or bus-						
	iness under section 513			[	(	{	[
4	Tax revenues levied for the organ-			-		<del>                                     </del>	<del> </del>
7	ization's benefit and either paid to				1		
	or expended on its behalf		1	Ì	ł	}	Į.
_	The value of services or facilities		<del></del>		<del> </del>	+	<del></del>
5	furnished by a governmental unit to			[	[	ĺ	1
	, , ,		1	1	1		ļ
_	the organization without charge		<del>                                     </del>			<del> </del>	<del></del>
	Total. Add lines 1 through 5			-	<del> </del>	<del> </del>	<del> </del>
73	Amounts included on lines 1, 2, and						
	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received			<del> </del>	<del></del>	<del></del>	<del></del>
	from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<del> </del>	<del> </del>		<del>                                     </del>	<del> </del>
	Add lines 7a and 7b	<del></del>	<del> </del>	<del>                                     </del>	<del></del>	<del></del>	<del> </del>
	Public support. (Subtract line 7c from line 6)			<u> </u>	L	<del></del>	1
	ction B. Total Support		<del></del>	T	1	T	<del></del>
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6	<u> </u>	<del> </del>		<del> </del>	<del></del>	<del> </del>
10	a Gross income from interest, dividends, payments received on				1	1	
	securities loans, rents, royalties					<b> </b>	
	and income from similar sources	<del></del>	<del> </del>	<del>}</del>	<del> </del>	<del> </del>	<del>                                     </del>
	b Unrelated business taxable income						ļ.
	(less section 511 taxes) from businesses			}			1
	acquired after June 30, 1975	<b></b>		<b>ļ</b>	<del> </del>	<b>↓</b>	<del> </del>
	c Add lines 10a and 10b	<u> </u>	ļ	<del> </del>		<u> </u>	<del></del>
11	Net income from unrelated business activities not included in line 10b,			)	ļ		
	whether or not the business is						
	regularly carried on			<u> </u>		<del></del>	<del></del>
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		<u> </u>	<del> </del>			
13	Total support. (Add lines 9 10c, 11 and 12)	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ıon 501(c)(3) organı	zation,
_	check this box and stop here			<del></del>			<u>▶</u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage			<del>,</del>	
15	Public support percentage for 2016 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Par	t III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	ne Percentage	<u> </u>			
17	Investment income percentage for 20	1 <b>16</b> (line 10c, colu	ımn (f) dıvıded by f	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2016. If the	organization did	not check the box	on line 14, and line	e 15 is more than	$33\ 1/3\%,$ and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> Th	e organization qua	difies as a publicly	supported organi	zation	
	b 33 1/3% support tests - 2015. If the	organization did	not check a box o	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and	s <b>top here.</b> The org	anızatıon qualifies	as a publicly sup	ported organization	<b>▶</b> □
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see i	nstructions	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_		Yes	No
Ì			
Ì	1	х	
	2		х
	3a		x
١			
	3b		
	3c		
l	_ 4a		Х
	4b		
ļ	4c		
	5a_		x
	5b 5c		
	6	Х	
	7		x
			_
	8		x
	9a_		×
	9b_		x
	9c		х
	10a		х
	10b		
m 9	90 or 99	90-EZ	2016

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632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust c	n Nov 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must o	omplete	Sections A through E	<del></del>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
Ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	Ì		}
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	<u>-</u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function.	ally integr	ated Type III supporting or	ganization (see
-	instructions)	,	) F	, ,

Schedule A (Form 990 or 990-EZ) 2016

Par	rt V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	3	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ŝi)	(iii)
O4.	E Biskille tion Allegations (assignments and	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
C	From 2013			
ď	From 2014			
е	From 2015			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)		<u> </u>	
<u>i</u>	Remainder Subtract lines 3g. 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7\$	<u></u>		
a	Applied to underdistributions of prior years			
b_	Applied to 2016 distributable amount			
_с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greate	r		}
	than zero, explain in Part VI_See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h	ì		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<u> </u>	<u></u>	
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
_8_	Breakdown of line 7			<u></u>
<u>a</u>				
ь	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

#### SCHEDULE D

(Fòrm 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 6 Open to Public

Inspection

Mann	THE SEMI J. & RUTH W. BEGUN	FOUNDATIO	)N	[ -"	34-1594565
Pai				s or Acco	
	organization answered "Yes" on Form 990, Part IV, lin		, out of on man ranc	10 01 A000	on complete in the
	organization answered 163 cm om 656,1 art 11, in		onor advised funds	(b) Fu	inds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)			<del>                                     </del>	<del></del>
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year			<del></del>	
5	Did the organization inform all donors and donor advisors in	writing that the	ne assets held in donor adv	used funds	
Ū	are the organization's property, subject to the organization's	-		ioca iarido	Yes No
6	Did the organization inform all grantees, donors, and donor a	_		e used only	
•	for charitable purposes and not for the benefit of the donor of			-	
	impermissible private benefit?		,,		Yes No
Pai		ganization an	swered "Yes" on Form 990	, Part IV, line	
1	Purpose(s) of conservation easements held by the organizat			<del> </del>	
	Preservation of land for public use (e.g., recreation or e		Preservation of a his	storically imp	ortant land area
	Protection of natural habitat	,	Preservation of a ce		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	ation contribution in the form	n of a conser	vation easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure includ	ied in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic struc	cture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extin	guished, or terminated by t	he organizati	on during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is loc	ated >	_	
5	Does the organization have a written policy regarding the pe	riodic monito	ring, inspection, handling o	f	<u></u>
	violations, and enforcement of the conservation easements	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of	violations, and enforcing co	nservation ea	asements during the year
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violat	ions, and enforcing consen	vation easem	ents during the year
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 17	70(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?				└── Yes └── No
9	In Part XIII, describe how the organization reports conservat	ion easemen	ts in its revenue and expens	se statement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financi	al statements that describe	s the organiz	ation's accounting for
_	conservation easements			<del></del>	
Pa	t III Organizations Maintaining Collections of			Otner Sim	iliar Assets.
	Complete if the organization answered "Yes" on Form		·		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ex			rance of pub	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr				
ь	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	ducation, or	research in furtherance of p	oublic service	, provide the following amounts
	relating to these items				•
	(i) Revenue included on Form 990, Part VIII, line 1				\$ \$
	(ii) Assets included in Form 990, Part X			•	
2	If the organization received or held works of art, historical tre			al gain, prov	ide
	the following amounts required to be reported under SFAS 1	116 (ASC 958	) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990 Part X		· · · · · · · · · · · · · · · · · · ·	<u> </u>	\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 9	90.		Schedule D (Form 990) 2016

632051 08-29-16

		& RUTH W. BEGUN	FOUNDATION			34-15945	65	Pa	<u>ige 2</u>
Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or Oth	er Simi	ar Asse	<b>ts</b> (contin	ued)_	
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that are a s	significant	use of its	collection	ı ıtems	3
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further tl	ne organization's exe	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit or	receive donations of	art, historical trea	sures, or other simila	ır assets	_	_		
	to be sold to raise funds rather than to be mai						Yes		No
Par	rt IV Escrow and Custodial Arrang		e if the organizatio	n answered "Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21							
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contribution	s or other assets no	t included	· _	<b>n</b>		1
	on Form 990, Part X?						Yes	L	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the folk	owing table			г			
					<u> </u>		Amount		
	Beginning balance				1c				
d	Additions during the year				1d	<u> </u>			
е	Distributions during the year				1e				
f	Ending balance				1f	L	T.,		
	Did the organization include an amount on Fo		•		•	<u> </u>	Yes	-	No
Par	rt V Endowment Funds. Complete if								<u></u>
rai	Lindowine it i direct. Complete if			(c) Two years back		years back	(e) Four	voore l	haek
1.	Reginning of year balance	(a) Current year 228,592.	(b) Prior year 244,679.	246,797.		219,812.	(e) 1 0ai	209	
ia b	Beginning of year balance Contributions	220,352.	227,073.	240,137.					
_	Net investment earnings, gains, and losses	15,715.	<6,113.	7,692.		36,545.		20	281.
c d	Grants or scholarships	<74.>	9,252,	8,940.		8,762.			892.
u	Other expenditures for facilities			- ,,					
-	and programs								
f	Administrative expenses	691.	722.	870.		798.			753.
g	End of year balance	243,690.	228,592.	244,679.		246.797.	_	219,	
2	Provide the estimated percentage of the curre				<u> </u>				
a	Board designated or quasi-endowment	100.00	%	-,,					
b	_	%	.,,						
	Temporarily restricted endowment ▶	<del></del> ^							
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ion that are held a	nd administered for	the organ	ızatıon			
	by	-						Yes	No
	(i) unrelated organizations						3a(i)		х
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds						
Pai	rt VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a S	See Form 990, Part X	(, line 10				
	Description of property	(a) Cost or oth	1 ' '		Accumulat		(d) Book	value	•
		basis (investm	ent) basis	(other) de	preciation	1			
1a	Land	ļ							
b	Buildings	<u> </u>							
С	Leasehold improvements	<b></b>							
d	Equipment	<u> </u>				—}			
<u>e</u>		15 222 5	( / 2)			<del></del>			<u> </u>
Tota	II. Add lines 1a through 1e (Column (d) must eq	iuai Form 990, Part X	, column (B), line 1	uc)		<u> </u>	5.45		0.
						Schedule	L IFORM	1 990)	ZU16

			11b See Form 990, Part		<del>,</del>
(a) Description of security or category	(including name of security)	(b) Book value	(c) Method of valuat	tion Cost or en	d-of-year market value
) Financial derivatives	-				
) Closely-held equity interests	-				<del></del>
) Other				. <u></u>	<del></del> -
(A) FEDERATION - POOLED N	MANAGED MONEY		<del></del>		<del></del>
(B) FUND		662,626.	END-OF-YEAR MARI	KET VALUE	<del> </del>
(C) FEDERATION - POOLED N	MANAGED MAIN	<del></del>			<del> </del>
(D) INVESTMENT FUND		195,008.	END-OF-YEAR MARI	KET VALUE	
(E) FEDERATION - POOLED N	MARKETABLE				
(F) ALTERNATIVE PROGRAM		4,211,972.	END-OF-YEAR MARI	KET VALUE	<del></del>
_(G)					
_(H)				<del></del>	<u></u>
otal. (Col. (b) must equal Form 990, Pa		5,069,606.		. =-	
Part VIII Investments - Pro	-				
		on Form 990, Part IV, line			
(a) Description of inve	estment	(b) Book value	(c) Method of valuat	tion Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Col. (b) must equal Form 990, Pa	art X, col. (B) line 13.)				
Part IX Other Assets.					
Complete if the organic	zation answered "Ves" (	F 000 D+ IV I			
	zation answered Tes t	on Form 990, Part IV, line	11d See Form 990, Part	X, line 15	-
		Description	11d See Form 990, Part	X, line 15	(b) Book value
(1)			11d See Form 990, Part	X, line 15	(b) Book value
			11d See Form 990, Part	X, line 15	(b) Book value
(1)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4) (5)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) [	Description	11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form	(a) [	Description	11d See Form 990, Part	X, line 15	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form	(a) [	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organization	(a) [	e 15) on Form 990, Part IV, line			
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organic	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organiz (a) Description	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organic (a) Description (b) Federal income taxes (2)	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organiz (a) Desci	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organiz (a) Description (2) (3) (4)	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organiz (a) Description (1) Federal income taxes (2) (3) (4) (5)	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities.  Complete if the organiz (a) Desci (1) Federal income taxes (2) (3) (4) (5) (6)	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities.  Complete if the organiz (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7)	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities. Complete if the organiz (a) Desc (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	990, Part X, col (B) line	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form Part X Other Liabilities.  Complete if the organiz (a) Description (1) Federal income taxes (2) (3) (4) (5) (6) (7)	990, Part X, col (B) lines zation answered "Yes" or ription of liability	e 15) on Form 990, Part IV, line	11e or 11f See Form 99		

632053 08-29-16

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 THE SEMI J. & RUTH W. BEGUN FOUNDAT	ON	34-1594565	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
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			
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	<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>1</b>	
ь	Other (Describe in Part XIII )	4b	<del></del>	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide ar		, , , , , , , , , , , , , , , , , , , ,	
				<del></del> ·
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#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

Name	of the organization					Employer identi	fication number
THE C	SEMI J. & RUTH W. F	PECINI POINTA	MOT			34-1594565	
Parl				tside the United States. Comple	te if the organi		Vos" on
	Form 990, Part IV			iside the office states. Comple	ste ii tile organi.	Zation answered	res on
1			maintain record	ds to substantiate the amount of its gra	ants and other	assistance.	
	-	-		the selection criteria used to award the		·	Yes No
							× • •
2	<b>For grantmakers.</b> Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and otl	her assistance out	side the
	United States						
3				an be duplicated if additional space is i		<del></del>	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	ity listed in (d) iram service, specific type s) in the region	(f) Total expenditures for and investments in the region
	<del></del>						
	LE EAST AND			<u></u>		_	155 060
NORTH	H AFRICA	0	0	PROGRAM SERVICES	GRANT MAKING	g 	157,260.
		-					1
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		1					
	Cub Askel	ļ	0		<u> </u>	<del></del>	157,260.
	Sub-total Total from continuation	├ <del></del> -	<del> </del>				137,260.
U	sheets to Part I	0	0	1			0.
С	Totals (add lines 3a	<u> </u>	<u> </u>				<del> </del>
	and 3b)		0_				157,260.
_	For Paperwork Reduct	tion Act Notice,	see the Instruc	ctions for Form 990.		Schedule F	(Form 990) 2016

632071 09-21-16

Page 2

Schedule F (Form 990) 2016 THE SEMI J. & RUTH W. BEGUN FOUNDATION

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	RECOMMENDED FOR PROGRAM TO TEACH SOCIAL SKILLS TO PREVENT VIOLENCE	157,260.		0		
2 Enter total number of the IRS, or for which t	recipient organizatio	ons listed above that are el 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 IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e	xempt by		1
3 Enter total number of other organizations or entities	other organizations	or entities	-			•		0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016 THE SEMI J. & RUTH W. BEGUN 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) 2016

Part III can be duplicated if additional space is needed

									1 9
(h) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2016
(g) Description of noncash assistance									Sched
(f) Amount of noncash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant				-					
(c) Number of recipients									
(b) Region									
(a) Type of grant or assistance (b) Region									

Part	IV Foreign Forms		T uge +
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No
		Schedule F (Forr	n 990) 2016

Part V   Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions
PART I, LINE 2:
GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT AWARD LETTER
THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT INCLUDING HOW THE
DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING
REQUIREMENTS. THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL
GRANTEES WITHIN 6-9 MONTHS OF RECEIVING THE GRANT. IN SELECTED CASES,
SITE VISITS ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS.
GRANTS TO DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN
GRANTS TO DOMESTIC SUI(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN
THAT THE PARTY THAT THE CAN CONTINUE TO
ENTITY HAVE BEEN INCLUDED ON SCHEDULE F.
PART I, LINE 3:
ACCRUAL METHOD
PART II, COLUMN (D):
REGION: MIDDLE EAST AND NORTH AFRICA
(D) PURPOSE OF GRANT: RECOMMENDED FOR PROGRAM TO TEACH SOCIAL SKILLS TO
PREVENT VIOLENCE PROGRAM AT AMIEL RAMBAM SCHOOL AND BIALIK-ROGOZIN IN
ISRAEL
· · · · · · · · · · · · · · · · · · ·

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2016	Open to Public
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► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Employer identification number 34-1594565 THE SEMI J. & RUTH W. BEGUN FOUNDATION Part | General Information on Grants and Assistance Name of the organization

<ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants of resistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed</li> </ul>	stance, the grantees' eligibility for the grants or assistance, and the selection    X Yes   No     No     The United States     No
--	--

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if additi	ional space is need	eq			
1 (a) Name and address of organization or government	( <b>p</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 noncash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE							VIOLENCE PREVENTION AS PART OF THE SCHOOL OF APPLIED SOCIAL SCIENCES;
CLEVELAND, OH 44106	34-1018992	501(C)(3)	500,000.	0			STEM SCHOLARSHIPS FOR
SEGULA							
CLEVELAND HEIGHTS, OH 44118	34-1832419	501(C)(3)	25,000.	0.			SUPPORT FOR 2016/2017
							TO SUPPORT THE KNOW ABUSE
JEWISH FAMILY SERVICE ASSOCIATION							PROGRAM; FORWARD FOCUS
3659 SOUTH GREEN ROAD SUITE 322 BEACHWOOD OH 44122	34-0714441	501(C)(3)	359 310	0			PROGRAM; STEM SCHOLARSHIP PROGRAM
							BRIDGE TO THE FUTURE;
JEWISH FEDERATION OF CLEVELAND							STRATEGIC PLANNING OF
25701 SCIENCE PARK DRIVE							STEM PROGRAM; COMMUNITY
CLEVELAND, OH 44122	34-0714445	501(C)(3)	400,000.	0.			SECURITY, 2017 ANNUAL
			_				
					<del></del>		

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

30

Schedule I (Form 990) (2016) (f) Description of noncash 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 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (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 GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT AWARD LETTER THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT INCLUDING HOW THE (b) Number of recipients DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS. (a) Type of grant or assistance PART II, LINE 1, COLUMN (H): PART I, LINE 2: REQUIREMENTS. 632102 11-01-16

Page 2

34-1594565

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Schedule I (Form 990) (2016)

Schedule   (Form 990) THE SEMI J. & RUTH W. BEGUN FOUNDATION	34-1594565	Page 2
Part IV   Supplemental Information		
NAME OF ORGANIZATION OR GOVERNMENT: CASE WESTERN RESERVE UNIVERSITY		
(H) PURPOSE OF GRANT OR ASSISTANCE: VIOLENCE PREVENTION AS PART OF THE		
(1) 101101 01 01 01 01 01 01 01 01 01 01 01		
SCHOOL OF APPLIED SOCIAL SCIENCES; STEM SCHOLARSHIPS FOR WOMEN		
	<del></del>	
NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF CLEVELAND		
	<del></del>	
(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGE TO THE FUTURE; STRATEGIC		
PLANNING OF STEM PROGRAM; COMMUNITY SECURITY; 2017 ANNUAL CAMPAIGN	<del></del>	<del></del>
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#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Compensation Information** 

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

Compensated Employees

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

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

OMB No 1545-0047

Inspection

**Employer identification number** 

THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-1594565 **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 on 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 (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 69 If "Yes." describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2016

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Regulations section 53 4958-6(c)?

Page 2

34-1594565

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2)(0)(2)	reported as deferred on prior Form 990
(1) STEPHEN H HOFFMAN	(i)	0	0	0	0.	0.	0	0.
TRUSTEE	(E)	534,124.	0	12,391.	13,375.	19,055.	578,945.	0
(2) HEDY P MILGROM	Θ	0	0	0	0	0	0	0
SECRETARY	<u> </u>	187,160.	0	3,992.	005'6	3,960.	204,612.	0.
(3) BARRY REIS	(1)	0	0	0.	°0	0.	0	.0
TREASURER	<u> </u>	284,667.	0	8,101.	13,375.	27,764.	333,907.	0
(4) SHEILA ALLENICK	Ξ	0	0	0.	0	0.	0	.0
ASSISTANT TREASURER	(ii)	160,090.	0	3,406.	8,238.	12,100.	183,834.	.0
	(i)							
,	(ii)							
	(i)							
	(ii)							
	(1)							
	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

Schedule J (Form 990) 2016

## **SCHEDULE 0**

(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.

Open to Public

OMB No 1545-0047

Inspection

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

Name of the organization **Employer identification number** THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-1594565 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN PARTICULAR, TO FURTHER THE FEDERATION'S COMMUNITY RELATIONS OBJECTIVES BY SUPPORTING SPONSORING INITIATING AND MONITORING PROGRAMS AND ACTIVITIES DESIGNED TO REDUCE PHYSICAL AND VERBAL VIOLENCE IN SOCIETY. WITHOUT LIMITATION, SUCH PROGRAMS OR ACTIVITIES MAY INCLUDE THOSE DESIGNED TO EDUCATE THE VERY YOUNG, TRAIN TEACHERS ON THIS SUBJECT. EDUCATE PARENTS TO REINFORCE THESE EFFORTS AND OTHERWISE EDUCATE THE PUBLIC IN AN EFFORT TO DEVELOP AND FOSTER PRO-SOCIAL SKILLS AMONG PEOPLE AND PREVENT VIOLENCE BETWEEN PEOPLE. FORM 990, PART VI, SECTION A, LINE 2: J DAVID HELLER, STEPHEN HOFFMAN AND KENNETH HOCHMAN HAVE A BUSINESS RELATIONSHIP. STEPHEN HOFFMAN, BARRY REIS, SHEILA ALLENICK AND HEDY MILGROM HAVE A BUSINESS RELATIONSHIP. THEY ARE OFFICERS OR EMPLOYEES OF THE FEDERATION THE SUPPORTED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 6: TWO CLASSES OF VOTING MEMBERS: (A) THE FEDERATION MEMBER WHICH HAS A MAJORITY OF THE MEMBER VOTING POWER AND IS THE JEWISH FEDERATION OF CLEVELAND (FEDERATION), THE SUPPORTED ORGANIZATION (HEREAFTER "SUPPORTED ORGANIZATION"), AND (B) DONOR MEMBER(S) - INDIVIDUALS WHO HAVE IN THE AGGREGATE A MINORITY OF THE MEMBER VOTING POWER.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  THE SEMI J. & RUTH W. BEGUN FOUNDATION	Employer identification number 34-1594565
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.	
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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.

2016 Open to Public Inspection

OMB No 1545-0047

Employer identification number 34-1594565 ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. ► Attach to Form 990. THE SEMI J. & RUTH W. BEGUN FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

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

(a)	(q)	(0)	(p)	(e)	(1)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
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	<del>,</del>				
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		- C 000			4 ** * * * * * * * * * * * * * * * * *

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 Part II

(a)	(q)	(c)	( <del>p</del> )	(e)	<b>£</b>	(g)	161749
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(cı Ya)
of related organization		foreign country)	section	status (if section	entity	entity?	ر -
	_	<b>.</b>		501(c)(3))		Yes	Š
JEWISH FEDERATION OF CLEVELAND - 34-0714445	GRANTS & ALLOCATIONS FOR						
25701 SCIENCE PARK DRIVE	CHARITABLE, EDUCATIONAL						
CLEVELAND, OH 44122-7302	AND RELIGIOUS PURPOSES	ОНІО	501(C)(3)	7	N/A		×
JOANN AND THOMAS ADLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1858749, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	_	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MILDRED & MARTIN BECKER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1711965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE SEMI J. & RUTH W. BEGUN FOUNDATION -	SUPPORT CHARITABLE,						
34-1594565, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	_	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
For Dangework Beduction Act Notice see the Instructions for Form 990	e for Form 990				Schedule R (Form 990) 2016	Form 990	0 2016

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

Schedule R (Form 990) THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	<b>9</b>	(e)	€	(g)	) 200 (13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	lled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	No.
BLUMENTHAL FAMILY FOUNDATION - 34-1832963	SUPPORT CHARITABLE,						}
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
CHELM FAMILY FOUNDATION - 30-0226826	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDTN -	SEE SCHEDULE R, PART VII,						
34-0714599, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ELLEN E. & VICTOR J. COHN SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 31-1606939, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
COMMISSION ON CEMETERY PRESERVATION -	SEE SCHEDULE R, PART VII,		-				
34-1771506, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION	_	
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
PEDERATION HOLDINGS, INC 23-7133908							
25701 SCIENCE PARK DRIVE	HOLDS LEGAL TITLE TO				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	8	онто	501(C)(2)	N/A	OF CLEVELAND		×
PGI FOUNDATION - 34-1916912	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
RINA & SAMUEL M. FRANKEL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502121, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
PEGGY AND JOHN GARSON FAMILY FOUNDATION -	SUPPORT CHARITABLE,	i					
, 257	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	rion	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
	SUPPORT CHARITABLE,						
34-1344368, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916908, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE IMMERMAN FOUNDATION - 34-1533181	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	NAL				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
632222 04-01-16		41					

Schedule R (Form 990)

ed Tax-Exempt Organizations
Relate
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dentificatio
Continuation of
Part II

Name, address, and EIN of related organization		2	3	(e)	€	( <b>6</b> )	
of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 12(0)	(c) You
		foreign country)	section	status (if section 501(c)(3))	entity	organization?	No No
COMMUNITY HOUSING INC 34-1276120	SEE SCHEDULE R, PART VII,				MOTER COORDS 110 THOSE		
INCE PARK DRIVE	TION			4 th			>
CLEVELAND, OH 44122-7302	LY	ОНТО	5UI(C)(3)		OF CLEVELAND		،
LADER FAMILY FOUNDATION - 31-1566160 St	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302 Pt	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE MT. SINAI HEALTH CARE FOUNDATION - SU	SUPPORT CHARITABLE,						
34-1777878, 11000 EUCLID AVE, CLEVELAND, OH EI	EDUCATIONAL AND RELIGIOUS	_			JEWISH FEDERATION		
44106 Pt	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	i	×
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE,	- 					
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302 Pt	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE,					_	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302 PU	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302 Pt	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MANDEL SPPRTING FDTNS-JACK N. AND LILYAN ST	SUPPORT CHARITABLE,					_	
MANDEL FUND - 34-1350566, 25701 SCIENCE PARK EI	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302 PU	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
зви с.	UPPORT CHARITABLE,						
MANDEL FUND - 34-1350568, 25701 SCIENCE PARK EI	SCIENCE PARK EDUCATIONAL AND RELIGIOUS		_				
DRIVE, CLEVELAND, OH 44122-7302	LION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MANDEL SPPRTING FDINS-MORTON L. AND BARBARA ST	SUPPORT CHARITABLE,						
SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
	LION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MEISEL FAMILY FOUNDATION - 31-1583883	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302 PU	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MILLER GOOD FAMILY CHARITABLE FOUNDATION - SU	SUPPORT CHARITABLE,		i				
PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
632222 04-01-16		42					

Part II Continuation of Identification of Related Tax-Exempt Organizations

(c)	(4)	(5)	5	[0]	[	[5]	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	Non?
MILLER FAMILY	SUPPORT CHARITABLE,						
, 25					32		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ALLEN & RUTH MILLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502113, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE	SUPPORT CHARITABLE,						
FOUNDATION - 34-1806783, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID AND INEZ MYERS FOUNDATION - 34-6560945	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
EILEEN AND MYRON NICKMAN FAMILY SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916911, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
S FUND	SUPPORT CHARITABLE,						
- 31-1566156, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
OSTARA - 31-1606934	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	<u> </u>	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE HARRY RATNER HUMAN SERVICES FUND -	SEE SCHEDULE R, PART VII,						
34-1360076, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE RIMON XLI FOUNDATION - 34-1916913	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	_	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ROBERT S. & SYLVIA K. REITMAN FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 31-1502117, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОТНО	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID AND ENID ROSENBERG FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
37-1777614, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
SCHOLNICK FAMILY FOUNDATION - 61-1749334	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
63222 04-01-16		43					

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

		1			5		
(a)	(a)	(c)	(b)	(e)	E	Section 5 (2(b)(13)	2(b)(13)
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	palled
of related organization		foreign country)	section	status (ir section 501(c)(3))	entity	Yes No	No
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE,						
34-1458950, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
LAWRENCE C. SHERMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1806781, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MICHAEL & ANITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
, 257	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDTN	SEE SCHEDULE R, PART VII,						
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION			-	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оніо	501(C)(3)	7	OF CLEVELAND		×
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
SIMON FAMILY FOUNDATION - 34-1808584	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
NAOMI G. & EDWIN Z. SINGER FAMILY FUND -	SUPPORT CHARITABLE,						
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID AND ROBERT STEIN FOUNDATION -	SUPPORT CHARITABLE,						
, 257	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
IRVING I, STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,						
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
IAN WAIN FAMILY	SUPPORT CHARITABLE,						
31-1502119, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
121	SUPPORT CHARITABLE,						
FOUNDATION - 30-0884987, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
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Schedule R (Form 990)	Continuation of Identification of Related Tax-Exempt Organiz
Schedu	Part II

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(a)	(q)	(0)	(p)	(e)	€	(b)	2
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	control	(C) Y(r);
of related organization		foreign country)	section	status (if section	entity	organization?	lon?
				501(c)(3))		Yes	2
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,				-	_	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	_	×
BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1562999, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAN AND ELLEN ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
38-3876650, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ZILBER FAMILY FOUNDATION - 34-1711966	SUPPORT CHARITABLE,	_					
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
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04-01-16 34-1594565

Schedule R (Form 990) 2016 THE SEMI J. & RUTH W. BEGUN FOUNDATION

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 Part 👭

Schedule R (Form 990) 2016 General or Percentage managing ownership partner? Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year ड Percentage ownership Yes Ξ Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ε Disproportionate ž allocations? Ξ Share of total income Yes Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) 46 ಲ (d)
( Direct controlling entity Primary activity 9 (c)
Legal
domiclle
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

34-1594565

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λĵ			1a		×
b Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		x
e Loans or loan guarantees by related organization(s)				16		×
6 Dissidential from voltated commissionals				*		×
r Dividends from related organization(s)					T	
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ	Ì	×
i Exchange of assets with related organization(s)				11		×
j Lease of facilities, equipment, or other assets to related organization(s)				11		x
k Lease of facilities, equipment, or other assets from related organization(s)				<b>*</b>		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			ŧ	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			t.	×	
				10		×
b Reimbursement paid to related organization(s) for expenses				9	×	
				2		×
r Other transfer of cash or property to related organization(s)		•		<b>±</b>	×	
s Other transfer of cash or property from related organization(s)				18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ils line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(E)						
(4)						
(9)						
(9)						
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Schedule R (Form 990) 2016 THE SEMI J. & RUTH W. BEGUN 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.

Name, address, and EIN of entity				16.01	=	6	-		∋ (	<u> </u>
	Primary activity	흦	redominant income (related, unrelated, excluded from tax und	9 partners sec 501(c)(3) er orgs?	Share of total	Share of end of-year	Dispropor- tionate allocations?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	General o managing partner?	ownership
		country)	Sections 5,12-5,14) Yes	Yes No			Ves No	(ruiii 1003)	Xes No	
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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		
COMMINION OF DELIVERY AGMITTING		
CONTINUATION OF PRIMARY ACTIVITY:	·	
JEWISH COMMUNITY HOUSING, INC.		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,		
BOTTONT CHARTITADE, BEOCRETONIE IND RELECTION TONIONES OF TERRITOR,		
INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND THE DISABLED		
SCHEDULE R, PART II, COLUMN B	<del></del>	
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	<del></del>	
AND BASIC FAMILY NEEDS		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY		
LAURA & ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES EDUCATIONAL FOUNDATION:		

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Part VII   Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PROMOTION OF QUALITY LIFE-LONG JEWISH LEARNING	· · · · · · · · · · · · · · · · · · ·	
OPPORTUNITIES		
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