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EXTENDED TO NOVEMBER 15, 2 Return of Private Foundation Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number THE STEFANSKI FAMILY FOUNDATION 34-1691023 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 7007 BROADWAY AVE. 216-441-7318 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here CLEVELAND, OH 44105-1490 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Name change Address change Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash If the foundation is in a 60-month termination (from Part II, col. (c), line 16) ☐ Other (specify) under section 507(b)(1)(B), check here 8,726,732. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 212,160 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 5,864 5,614 STATEMENT Dividends and interest from securities 143,706. 143,554 STATEMENT 5a Gross rents **b** Net rental income or (loss) -2,6116a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 847,784. 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications B b Less Cost of goods sold HECOO c Gross profit or (loss) STATEMENT 165,831 0. 11 Other income 524,950 149,168 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits and Administrative Expenses 33,460 0 33,460. 16a Legal fees STMT 4 **b** Accounting fees 55,527 55,527 0. c Other professional fees STMT 5 17 Interest 2,787 2,587 STMT 6 200. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 715,314 715,314. 23 Other expenses 0 Operating 24 Total operating and administrative 807,088 58,114 748,974. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 484,000 484,000. 26 Total expenses and disbursements. 1,291,088 1,232,974. Add lines 24 and 25 58,114 27 Subtract line 26 from line 12: -766,138a Excess of revenue over expenses and disbursements

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

N/A

91,054

ΓŲ	1111 98		UNDATION		1691023Paye2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of (b) Book Value	year (c) Fair Market Value
_	1	Caşh - non-interest-bearing	1,264,512.	680,189.	680,189.
		Savings and temporary cash investments			
		Accounts receivable			
	"	Less: allowance for doubtful accounts	į		
	١.			+	
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other)		
	_	disqualified persons	<u> </u>		
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	1	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
_	ı	Investments - U.S. and state government obligations STMT 8	160,119.	133,982.	133,837.
	þ	Investments - corporate stock			
	C	Investments - corporate bonds STMT 9	158,721.	111,423.	112,132.
	11	Investments - land, buildings, and equipment, basis	į .		
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	7,154,432.	7,046,052.	7,800,574.
	14	Land, buildings, and equipment: basis			
	{	Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	İ		
_	-	instructions. Also, see page 1, item I)	8,737,784.	7,971,646.	8,726,732.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ē	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	}		,	_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here			
co.	1	and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
Net Assets or Fund Balance	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Š	}	Foundations that do not follow SFAS 117, check here	1	j	
<u> </u>	1	and complete lines 27 through 31.	}]	
5	1	Capital stock, trust principal, or current funds	0.	0.	
šše	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ž	29	Retained earnings, accumulated income, endowment, or other funds	8,737,784.	7,971,646.	
Ž	30	Total net assets or fund balances	8,737,784.	7,971,646.	
]	j	
_	31	Total liabilities and net assets/fund balances	8,737,784.	7,971,646.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
 i	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		11	8,737,784.
		amount from Part I, line 27a		2	-766,138.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	7,971,646.
		eases not included in line 2 (itemize)		5_	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	7,971,646.
_					Form 000 DE (2016)

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Form 990-PF (2016)

1,232,974.

526,022.

7 Add lines 5 and 6

7

8

_			<u> 16910</u>			Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>948 -</u>	see in	stru	ctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛣 and enter 1%	1			9	<u>11.</u>
	of Part I, line 27b	, }				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	}				
2	() ()	2				$\frac{0.}{11.}$
3	· · · · · · · · · · · · · · · · · · ·					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_ 5			9	<u>11.</u>
6	Credits/Payments:	. }				
	a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 4,607.	. }				
	Exempt foreign organizations - tax withheld at source	, 1				
	Tax paid with application for extension of time to file (Form 8868)	. {				
	Backup withholding erroneously withheld 6d	[A 17
7		7			4,6	<u>07.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			 _	~
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			3,6	96.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax 3,696. Refunded	11		—		<u> </u>
					Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	m	<u> </u> -		163	
	any political campaign? Did it grand mass than \$100 during the year (orthography as indirectly) for political currences (one instructions for the definition)	. 0	-	1a	 	X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		-	1b	 	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ea or	1		l '	
_	distributed by the foundation in connection with the activities.		}		١ .	x
	Did the foundation file Form 1120-POL for this year?		}-	1c	<u> </u>	-
ū	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		}			Í
	(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		1		1	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •		ł			
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?		Ī	2		х
-	If "Yes," attach a detailed description of the activities.			-		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r	1		·	1
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1	1	3		x
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		′ 	5		X
,	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ļ		1	1
•	By language in the governing instrument, or		į		ł	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			İ	
	remain in the governing instrument?		ĺ	6	X	1
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	Х	
			F			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		}		ĺ	
_	ОН				ĺ	1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				1	1
	of each state as required by General Instruction G? If "No," attach explanation		}	8b	x	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	ſ			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		}	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Form	aar)-PF	(2016)

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X

3b

4a

Yes X No

during the year?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Part VII-B Statements Regarding Activities for Which I		Required (contin	<u>34-16910</u> ued)	<u> </u>	Page 6
5a During the year did the foundation pay or incur any amount to:	TOTAL TIES MAY BO	10quil ou (contain	<u> </u>		T
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e)\?	□ v _e	s X No	į	
(2) Influence the outcome of any specific public election (see section 4955); of	, ,,			- }	- }
any voter registration drive?	n to during only amounts or main		s X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		- 1
(4) Provide a grant to an organization other than a charitable, etc., organization				Ī	
4945(d)(4)(A)? (see instructions)	.,	☐ Ye	s X No	ĺ	į
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			- }	
the prevention of cruelty to children or animals?	, , .		s X No	}	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	ın Regulations	į		1
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere			}	
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined		İ	
expenditure responsibility for the grant?	N	I/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		1	- }	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			- 1	
a personal benefit contract?		Y6	s X No	}	-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> _	6b	X
If "Yes" to 6b, file Form 8870.				{	1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	}_	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y		
List all officers, directors, trustees, foundation managers and their	compensation				
The tail of the ta		(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense int, other wances
MARC A. STEFANSKI	PRESIDENT/TRU				
7007 BROADWAY AVENUE				}	
CLEVELAND, OH 44105-1490	5.00	0.	0.	Ì	0.
ASHLEY STEFANSKI	SECRETARY & T	REASURER/	TRUS		
7007 BROADWAY AVENUE	}	}		}	
CLEVELAND, OH 44105-1490	5.00	0.	0.		0.
		}		}	
				}	
		}		Ì	
		<u> </u>		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	7.5	· vnonce
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	xpense int, other
	devoted to position	ļ	compensation	allov	wances
NONE	 	1		}	
	 	 		 	
	1	1		į	
	 -	 	 	 	
	1	}		}	
	 	 	 	 	
	1	}		{	
		 		 	
	1	1		1	
Total number of other employees paid over \$50,000				L	<u></u>
TOTAL TOTAL OF OUR OF STREET OF STRE				000 D	E (0040)

Form 990-PF (2016) THE STEFANSKI FAMILY FOUNDATION Part VIII Information About Officers, Directors, Trustees, Foundation		L691023 Page 7
Paid Employees, and Contractors (continued)	Alp n	
3 Five highest-paid independent contractors for professional services. If none, enter "NO (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(C) Compensation
NONE		1
		
		
T.1. I sumb a 6 4 the a second a 100 000 for a 16 to 100 000 for a		D
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	Expenses
1N/A		
		
2		
3		
4		
		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1N/A		
2		
<u> </u>		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.
2000 (10) (100 (100 (100 (100 (100 (100 (100 (100 (100 (100 (Form 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	7,773,969.
b	Average of monthly cash balances	1b	1,152,217.
£	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	8,926,186.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,926,186.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	133,893.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,792,293.
6	Minimum investment return. Enter 5% of line 5	6	439,615.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certai	n
1	Minimum investment return from Part X, line 6	1	439,615.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	911.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	438,704.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	438,704.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	438,704.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,232,974.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,232,974.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	911.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,232,063.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies	for the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

Page 9 Part XIII Undistributed Income (see instructions) (a) (c) (d) (b) 2015 Corpus Years prior to 2015 2016 1 Distributable amount for 2016 from Part XI. line 7 438,704. 2 Undistributed income, if any, as of the end of 2018 0 a Enter amount for 2015 only **b** Total for prior years: 0. 3 Excess distributions carryover, if any, to 2016: a From 2011 **b** From 2012 11,216 c From 2013 d From 2014 606,580 e From 2015 617,796 f Total of lines 3a through e 4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 1,232,974 0 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) 0 c Treated as distributions out of corpus 0 (Election required - see instructions) 438,704 d Applied to 2016 distributable amount 794,270 e Remaining amount distributed out of corpus 0 0. 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 1,412,066 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2011 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2017. 1,412,066 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 11,216 b Excess from 2013 c Excess from 2014 606,580 d Excess from 2015

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e Excess from 2016

794,270

Form 990-PF (2016) THE STEF	ANSKI FAM	ILY FOUNDATI	ON		91023 Page 1
Part XIV Private Operating Fou	ındations (see ıı	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or di			1		
foundation, and the ruling is effective for 20			▶ └	,	
b Check box to indicate whether the foundati		ing foundation described		4942(j)(3) or 49	42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	 	Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				Ì	
each year listed		<u> </u>	 	<u> </u>	
b 85% of line 2a		 	 _		
c Qualifying distributions from Part XII,					
line 4 for each year listed			 	 	
d Amounts included in line 2c not					
used directly for active conduct of				1	
exempt activities			ļ		
e Qualifying distributions made directly				1	
for active conduct of exempt activities.			·		
Subtract line 2d from line 2c		<u> </u>		<u> </u>	
3 Complete 3a, b, or c for the alternative test relied upon:					,
a "Assets" alternative test - enter:					
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	-				
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		†			
(1) Total support other than gross					}
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public		 	 	 	
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from		 	 	 	
an exempt organization					
(4) Gross investment income		 	 	 	
Part XV Supplementary Inforn	nation (Compl	ete this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during the				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation I					
a List any managers of the foundation who h	-	e than 2% of the total cont	tributions received by the	foundation before the clo	se of any tay
year (but only if they have contributed mor			in Dutions received by and	Touridución boloro tilo olo	oo or any tax
NONE					
b List any managers of the foundation who o other entity) of which the foundation has a			(or an equally large port	on of the ownership of a p	artnership or
• /	1070 or groutor into				
NONE	0 1 0 1	0.6.6.6.6.6.			
2 Information Regarding Contribution	•	• • • •	-		
Check here \(\sum_{\text{\colored}} \) if the foundation only the foundation makes gifts, grants, etc. (se		•	_	-	
					
a The name, address, and telephone number			ications snoutd be addre	ssed:	
MARC A. STEFANSKI, 21			400		
7007 BROADWAY AVENUE,					
b The form in which applications should be s		=	nould include:		
NO SPECIFIC FORM OR A	PPLICATION	<u>N</u>			_
c Any submission deadlines:	מגפע				
SEPTEMBER 30 OF EACH			finale of the fi		
d Any restrictions or limitations on awards, s					י א דר איז א ד
PRIMARILY GREATER CLE [,] RELATED ACTIVITIES.	v франца АК.	DA; PKIMAKII	it FUK HOUS.	TMG WND FDOC	WITONAL
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					1 Olin 000 - 1 (2010

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		Payment	,	
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
AVON BREAST CANCER CRUSADE	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
777 THIRD AVENUE				
NEW YORK, NY 10017		<u> </u>		5,000
BIRCHWOOD SCHOOL	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
4400 W. 140TH ST. CLEVELAND. OH 44135				20,000
DEVELORD, OR 44133	 	1		20,000
CASE WESTERN RESERVE UNIVERSITY	NONE	DIDITO CUADITO	CHARITABLE PURPOSE	
10900 EUCLID AVE.	NONE	FOBLIC CHARITI	CHARTIABLE FORFOSE	
CLEVELAND OH 44106				100,000
CLEVELAND CLINIC FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
1055 WILSHIRE BLVD				
LOS ANGELES, CA 90017	- 		 	155,500
		Ì		
CLEVELAND FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
310 E. MARKET STREET		Ti .		10 000
TIFFIN OH 44883 Total SEE CO	NTINUATION SHE	<u>-</u>	▶ 3a	10 000 484 000
b Approved for future payment				404,000
NONE				
			į	
				
		1		
		1		
		<u> </u>		
Total		1	▶ 3b	
				rm 990-PF (2016

Page	12	

Part XVI-A	Analysis of Income-Producing Activities
------------	---

Enter groop amounts unless otherwise and detail	Unrelated	business income	Excluded	1 by section 512, 513, or 514	/a1
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	code		10000		
b					
c					
d					
e					
1	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments			+-+		
3 Interest on savings and temporary cash	1 (- 054	
investments			14	5,864.	
4 Dividends and interest from securities			14	143,706.	
5 Net rental income or (loss) from real estate:	 		+	 +	
a Debt-financed property	 +		+		
b Not debt-financed property6 Net rental income or (loss) from personal	 		+		
property	1		} }	1	
7 Other investment income	 +		+		
8 Gain or (loss) from sales of assets other			+		
than inventory			18	-2,611.	
9 Net income or (loss) from special events	 		06	-549,304.	
10 Gross profit or (loss) from sales of inventory		· 	 		
11 Other revenue:					
a	\		1 1		
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0	<u>. </u>	-402,345.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-402,345.
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	s to the Accor	mplishment of E	xempt l	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			-A contribute	ed importantly to the accomp	olishment of
					
					
					
				 -	
					
					
					
					
					
					
					
					

	P-PF (2016) THE S	TEFANSKI	FAMILY	FOUNDATION		34-1691			ge 13
Part)	(VII Information Re Exempt Organ		insfers To a	nd Transactions a	and Relations	hips With Nonchai	itable	Э	
1 Did	the organization directly or indi		ny of the following	with any other organization	on described in secti	on 501(c) of	T	Yes	No
	Code (other than section 501(c					J. 55 ((5) 5.	1		
	nsfers from the reporting found						1		
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
b Other	er transactions:						}) '	
-	Sales of assets to a noncharita						16(1)		X
	Purchases of assets from a no	•	t organization				1b(2)		<u>X</u>
	Rental of facilities, equipment,						1b(3)		<u>X</u>
	Reimbursement arrangements	3					1b(4)		X
	Loans or loan guarantees Performance of services or me	ambarahia ar fijadi	rougus a colvoitatio	00			1b(5)	}	X
	ring of facilities, equipment, ma						1b(6)	-	X
	e answer to any of the above is				wave show the fair m	narket value of the goods of		L	
	ervices given by the reporting f							,	
	ımn (d) the value of the goods,				,	,			
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	exempt organization	(d) Description	of transfers, transactions, and s	haring ar	rangeme	nts
			N/A						
		ļ							
		 							
	 	}				 			
·									
		 							
									
	†	 							
		<u> </u>							
	I								
		L							
	 								
	<u> </u>	L							
	e foundation directly or indirec				zations described	_	٦.,	7.5	٦
	ection 501(c) of the Code (other		(c)(3)) or in secti	on 5277		<u> </u>	Yes	LX	No
0 11 11	es," complete the following sch (a) Name of org			(b) Type of organization	<u></u>	(c) Description of relationsh	IID		
	N/A	Junization -		(b) Typo of organization		(a) Docompilation of Foldardinar	<u> </u>		
									
	·	· · · · · · · · · · · · · · · · · · ·]						
- 1	Under penalties of perjury, I declare and belief, it is true, correct, and cor					May	the IRS	discuss	this
Sign Here			0			shor	n with th	(see ins	
Here	March	sujar	sen	18-30-17		ENT L	Yes	:	_i No
	Signature of officer or trustee		Drongran's a	Date	Title	Chack If DTIM			==
	Print/Type preparer's na	ante	Preparer's si		Date	Check if PTIN self- employed			
Paid	DAVID P. M	TT.T.PP	1) and	P. Willey	914/17		421	161	
Prepa			9- 1			Firm's EIN ▶ 34-15			
Use O		LIAND				I IIII 3 CIN > 3 = 1.	, , , ,	20	
	Firm's address ► 1100 SUPERIOR AVE E STE 700								

CLEVELAND, OH 44114

Phone no. 216-621-1090

Form **990-PF** (2016)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 _.

OMB No 1545-0047

Employer identification number

	THE STEFANSKI FAMILY FOUNDATION	1 34-1691023						
Organization type (check								
Filers of:	Section:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	S01(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
·	on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule See instructions.						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinary one contributor. Complete Parts I and II. See instructions for determining a contributo							
Special Rules								
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportion described in section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from						
year, total contri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
but it must answer "No" o	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its left the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE STEFANSKI FAMILY FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	SANDLER O'NEILL & PARTNERS LP 1251 AVE OF THE AMERICAS, 6TH FLOOR NEW YORK, NY 10020	\$19,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	THEN DESIGN ARCHITECTURE LTD 4372 ST JOHNS BLUFF LN WILLOUGHBY, OH 44094	\$9,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	JP MORGAN CHASE 11112 POLARIS PKWY FLOOR 1N COLUMBUS, OH 43240	\$8,700.	Person X Payroll			
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	PRIMUS CAPITAL PARTNERS INC 5900 LANDERBROOK DR STE 200 CLEVELAND, OH 44124	\$7,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	EDWARD J HYLAND 21925 MCCAULEY RD SHAKER HEIGHTS, OH 44122	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	KSF ACQUISITION CORP/SLIM FAST 11780 US HWY 1 STE 400N PALM BEACH GARDENDS, FL 33408	\$8,700.	Person X Payroll			

Name of organization

Employer identification number

THE STEFANSKI FAMILY FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	ANTHONI AND SUSAN VISCONSI II 3755 SOM CENTER RD MORELAND HILLS, OH 44022	\$17,700.	Person X Payroli Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	DEAN GOODMAN 319 CLEMATIS ST STE 1004 WEST PALM BEACH, FL 33401	\$8,700.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	THE BERT L & IRIS S WOLSTEIN FNDN 34555 CHAGRIN BLVD MORELAND HILLS, OH 44022	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	ANTHONY ASHER 3755 SOM CENTER RD MORELAND HILLS, OH 44022	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11	ERIC LUSE 5316 OAKLAND RD CHEVY CHASE, MD 20815	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
12 623452 10-16	PAUL STEFANIK 18510 BUNKER HILL DR STRONGSVILLE, OH 44136	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)				

Name of organization

Employer identification number

THE STEFANSKI FAMILY FOUNDATION

Part i	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SCOTT WOLSTEIN 14398 COUNTY LINE RD CHAGRIN FALLS, OH 44022	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	J HELD & KENN KARAKUL CHARITABLE FDT INC 241 JUNGEL RD PALM BEACH, FL 33480	\$13,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
322452 10.18		\$Sahadula B (Form	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

THE STEFANSKI FAMILY FOUNDATION

Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
323453 10-18-	-16	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016

3 Grants and Contributions Paid During the				
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
DHIO STATE UNIVERSITY-BART LEGACY 1480 WEST LANE AVENUE	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
COLUMBUS, OH 43211	<u> </u>	 		10,0
PRESERVATION FOUDNATION	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
P.O. BOX 295 MEMPHIS, TX 79245-0295				2,5
PROMISE RANCH THERAPUTIC RIDING	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
5230 E HWY 86 FRANKTOWN, CO 80116-9050				6,0
RHONDAS KISS 7007 BROADWAY AVE CLEVELAND, OH 44105	NONE	PRIVATE NON-OPERATING	CHARITABLE PURPOSE	150,0
LEVELAND, OR 44105		FNDTN		130,0
THE GATHERING PLACE	NONE	PUBLIC CHARITY	CHARITABLE PURPOSE	
BEACHWOOD, OH 44122	<u> </u>			25,0
	 			

FORM 990-PF INTERE	ST ON SAVING	S AND I	EMPORA	RY C	ASH	IN	VESTMENTS	ST	'ATEMENT	1
SOURCE			(A) EVENUE R BOOKS	5	NET	IN	(B) VESTMENT COME		(C) ADJUSTED ET INCOMI	Ē
AMORTIZATION OFFSET INT INCOME NATIONAL FINANCIAL SERVICES				-1,968.			-1,968.			
LLC-479-738573 THIRD FEDERAL SAVIN			7,53 12	32. 20.			7,282. 120.			
THIRD FEDERAL SAVIN (RHONDA'S KISS)	GS AND LOAN		180.		180.		180.			
TOTAL TO PART I, LINE 3			5,864. 5,614.		5,614.					
FORM 990-PF	DIVIDENDS	AND IN	EREST	FROM	SEC	CUR	ITIES	ST	'ATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1 S	REV	A) ENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
NATIONAL FINANCIAL SERVICES 649-044520 NATIONAL FINANCIAL SERVICES	98.		0.		9	8.	9	8.		
LLC-479-738573	167,617.	24,	,009.	14	13,60	8.	143,45	6.		
TO PART I, LINE 4	167,715.	24,	,009.	14	13,70	6.	143,55	4.		
FORM 990-PF		OTHER	R INCOM	Œ				SI	'ATEMENT	3
DESCRIPTION			REV	(A) ENUE BOOK			(B) ET INVEST- ENT INCOME		(C) ADJUSTEI NET INCOI	
GROSS INCOME FROM S FUNDRAISING EVENTS	PECIAL			165,	831.		0	-		
TOTAL TO FORM 990-P	F, PART I, L	INE 11		165	831.		0			

FORM 990-PF	LEGAL	FEES	S'	TATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES	
LEGAL FEES	33,460.	0.		33,460.	
TO FM 990-PF, PG 1, LN 16A	33,460.	0.		33,460.	
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	TATEMENT	
, DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
ADVISOR FEES - HARTLAND INVESTMENT FEES - BRECKINRIDGE	55,000. 527.	55,000.		0	
TO FORM 990-PF, PG 1, LN 16C	55,527.	55,527.		0	
FORM 990-PF	TAX	ES	S	TATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
FOREIGN TAXES OHIO FILING FEES	2,587. 200.			0 200	
TO FORM 990-PF, PG 1, LN 18	2,787.	2,587.		200	

FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		
BANK FEES FUNDRAISING EXPENSES	179. 715,135.		0.	179. 715,135.
TO FORM 990-PF, PG 1, LN 23	715,314.		0.	715,314.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE
FIDELITY INVESTMENTS - 649-04 FIDELITY INVESTMENTS - 649-04		х	83,925 50,057	
TOTAL U.S. GOVERNMENT OBLIGAT	TIONS	•	50,057	. 50,179.
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS	83,925	. 83,658.
TOTAL TO FORM 990-PF, PART II	, LINE 10A	:	133,982	. 133,837.
FORM 990-PF	CORPORAT	E BONDS		STATEMENT 9
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
FIDELITY INVESTMENTS - 649-04	14520	•	111,423	. 112,132.
TOTAL TO FORM 990-PF, PART II	I, LINE 10C	•	111,423	. 112,132.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FIDELITY INVESTMENTS	COST	7,046,052.	7,800,574.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	7,046,052.	7,800,574.