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# Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047 2016 Open to Public Inspection

А	or th	e 20 to calendar year, or tax year beginning	anu	enaing	_	
В	Check if applicab	C Name of organization			D Employer identif	cation number
	Addre	6 CITY OF CHEVELAND CARDE TELE	VISION		[	
	Name chang				34-1	832689
	Initial return	Number and street (or P.O. box if mail is not delivered to stree	et address)	Room/suite	E Telephone numbe	er
	Final	1422 EUCLID AVENUE	•	1300		861-3810
	termu ated	City or town, state or province, country, and ZIP or foreig	n postal code		G Gross receipts \$	1,209,072.
Ļ	Amen	CHEVELAND, OH 44113-2013			H(a) Is this a group r	
L	Applie tion penda	F Name and address of principal officer AALSIL AND	DRASIK		for subordinates	s?         Yes       X   No
		SAME AS C ABOVE			H(b) Are all subordinates i	
		empt status X 501(c)(3) 501(c) ( ) ◀ (insert no	(1) 4947(a)(1)	or 527	-1	list (see instructions)
		te: ► N/A	Lou N		H(c) Group exemption	
	_	organization X Corporation Trust Association	Other ►	L Year	of formation: 1995	M State of legal domicile: OH
P	art I	Summary		000111		
ë	1	Briefly describe the organization's mission or most significant a	ectivities THE	ORGANI	ZATION IS O	RGANIZED
177 Revenue 187) Sectivities & Governance	١.	AND OPERATED EXCLUSIVELY FOR TH				
ē	2	Check this box If the organization discontinued its o		sed of more	1 _	
ó	3	Number of voting members of the governing body (Part VI, line	=		3	9
જ	4	Number of independent voting members of the governing body			4	9
ies	5	Total number of individuals employed in calendar year 2016 (Pa	art V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary)			6	9
Yeci	7 a	Total unrelated business revenue from Part VIII, column (C), line			7a	0.
$\stackrel{\circ}{\sim}$	b	Net unrelated business taxable income from Form 990-T, line 3	4		7b	0.
$\geq$				<u> </u>	Prior Year	Current Year
ne Lie	8	Contributions and grants (Part VIII, line 1h)		<u> </u>	0.	0.
<u>ē</u> ī	9	Program service revenue (Part VIII, line 2g)		<u> </u>	0.	0.
رق	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	357,302.	196,921.
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an	d 11e)	<u> </u>	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, col	lumn (A), line 12)		357,302.	196,921.
<u>`</u>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			160,915.	165,640.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es.	15	Salaries, other compensation, employee benefits (Part IX, colur	mn (A), lines 5-10)		0.	0.
E :	, 16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses 7	3 b	Total fundraising expenses (Part IX, column (D), line 25)————		0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ECEIVED	<b>.</b> ∫[ (	41,651.	45,660.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A			202,566.	211,300.
	19		OV 2 A 2017		154,736.	-14,379.
ts or		魔	A . B . PAII	J Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			4,195,126.	4,205,223.
Net Assets Fund Balar	21	Total liabilities (Part X, line 26)	GDEN, UT	-  ∟	200.	200.
<u> 원</u> 코	22	Net assets or fund balances Subtract line 21 from line 20			4,194,926.	4,205,023.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including acco				y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of prepares (other than officer) is based on	all information of w	hich preparer	has any knowledge.	
		all de la company de la compan			11/15	17
Sig	n	Signature of officer			Date	•
Her	е	ANTHONY GATTUSO, TREASURER				A150
		Type or print name and title				11 KT()
		Print/Type preparer's name Preparer's sig	gnature	L	Date Check L	PTIN
Paid	i				self-employ	ed
-	arer	Firm's name			Firm's EIN	
Use	Only	Firm's address				
					Phone no.	, , , , , , , , , , , , , , , , , , ,
May	the I	RS discuss this return with the preparer shown above? (see ins	tructions)			Yes X No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 632001 11-11-16 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part IV	Checkli	st of Require	ed Schedules

			Yes	NO.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
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		Х
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<u> </u>
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		_	
•-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		٠,	12.3
	as applicable	7.4	200	
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	444		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		<del>-^</del> -
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	,-10		<del></del> -
	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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		v
	complete Schedule G, Part III	19 Form	gan .	X (2016)
		rom	330 (	(2010)

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	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		_
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<del>  -</del> -	<del></del> -	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<del> </del>	_	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	J		]
	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	<del> </del>	<u> </u>	_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ł	}	
	Schedule K If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	$\vdash$	
	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		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		_	
Ū	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	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,"	j ,		1
	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			[
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ļ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	}		i i
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		\ <b>.</b>	
	Part V, line 1	34	_X_	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ <u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O		X ]	
		⊢orm	<b>990</b> (	2016)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			ļ j
	officer, director, trustee, or key employee?			2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision		i	
	of officers, directors, or trustees, or key employees to a management company or other person?		_	3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form S		is filed?	4	ļ <u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's as:	sets		5	х	
6	Did the organization have members or stockholders?	anoint	one or	1	1 21	-
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoliti	one or	7a	x	
_	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders or	, ra	<del> </del>	
D		BLOCKII	olders, or	7b		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	e following:			<del></del>
8		ar by tr	c following.	8a	X	1
	The governing body?  Each committee with authority to act on behalf of the governing body?			8b	<del> </del>	x
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	<u> </u>	<del>                                     </del>	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	L	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<u> </u>	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	_	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				.	نــــا
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			12b	X	├─
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe	1	٠,	
	ın Schedule O how this was done			12c	X	<del> </del> -
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	^	<del>                                     </del>
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			450	·	X
	The organization's CEO, Executive Director, or top management official			15a 15b	<del> </del>	X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130	$\vdash$	<del></del> -
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangel	ment v	vith a			
·Ja	taxable entity during the year?		<u>-</u>	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	te its i	participation		1	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶OH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Sect	ion 501(c)(3)s only	avaıla	ble	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website X Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's boanTHONY GATTUSO - 216-861-3810	oks ar	nd records			
	1422 EUCLID AVE., CLEVELAND, OH 44115-2015					
632006	11-11-16			Fori	n <b>990</b>	(2016)

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- 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) Position						(D)	(E)	(F)
Name and Title	Average	(do not check more that			than	one	Reportable	Reportable	Estimated	
	hours per week	box	k, unless person is both an icer and a director/trustee)			ıs bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ar direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			beusa		(W-2/1099-MISC)		organization
	organizations below	nat tru	lonal	ŀ	akold	E COM				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>F</b> ormer			organizations
(1) HILARY S.TAYLOR(UNTIL 12/6/16)	1.00	_	-		_					
PRESIDENT & TRUSTEE		X						0.	0.	0.
(2) YVONNE POINTER	0.50							_	_	_
VICE PRESIDENT & TRUSTEE		X				L		0.	0.	0.
(3) MARIA L. SPANGLER	0.50								_	_
TRUSTEE	<u> </u>	Х				L		0.	0.	0.
(4) ROBERT ECKARDT	0.50									
TRUSTEE		X						0.	294,983.	55 <u>,</u> 239.
(5) HONORABLE TERRILL PRUITT	0.50				l					
TRUSTEE		X		L.		╙		0.	0.	0.
(6) KATHY ALLEN	0.50					ĺ				_
TRUSTEE		X						0.	0.	0.
(7) NELSON BECKFORD	0.50								_	_
TRUSTEE		X					_	0.	0.	0.
(8) ZULMA ZABALA	0.50	•				i			_	_
TRUSTEE		X			_			0.	0.	0.
(9) KEVIN J KELLEY	0.50				ļ					
TRUSTEE		X						0.	0.	0.
(10) KRISTI ANDRASIK	0.50		ŀ						64 000	16 450
ACTING PRESIDENT/SECRETARY		├_		X		_		0.	61,922.	16,478.
(11) ELIZABETH HONOLD(UNTIL 8/12/16)	0.50								67 400	27 040
TREASURER		_	_	X				0.	67,422.	27,048.
(12) ANTHONY GATTUSO(EFF 12/6/16)	0.50			٠,,					17 007	3 067
TREASURER		<u> </u>		Х				0.	17,997.	3,967.
		<u> </u>	<u> </u>							
		1						ł		
		-	!			_				
	<u> </u>									
		<u> </u>				<b>—</b> -		<del></del>	<u>.</u>	
	<u> </u>	├─	H	H	<u> </u>	$\vdash$				
	<u> </u>							J		
		Ц_	Щ						<u> </u>	Form 990 (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

CITY OF CLEVELAND CABLE TELEVISION 34-1832689 Form 990 (2016) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (A) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 115,854 115,854. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 1,093,218. assets other than inventory b Less cost or other basis 1,012,151 and sales expenses 81,067 c Gain or (loss) 81,067 81,067. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d ,

632009 11-11-16

196,921.

196,921.

٥.

Total revenue See instructions.

Part IX	Statement of Functional	Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	X
	Check if Schedule O contains a respon		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4.5- 6.40	165 640		
	and domestic governments. See Part IV, line 21	165,640.	165,640.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			_	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	<u> </u>			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits				<u>.</u>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				<u>.</u>
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	1.4.420		14 420	-
f	Investment management fees	14,430.		14,430.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				<del></del>
15	Royalties				
16	Occupancy				
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· *
19	Conferences, conventions, and meetings	<u> </u>			
20	Interest			-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				7
23	Insurance Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SEE SCHEDULE O	31,030.		31,030.	
a b		31,000.			
c					···
d					
	All other expenses	200.		200.	
25	Total functional expenses. Add lines 1 through 24e	211,300.	165,640.	45,660.	0.
26	Joint costs Complete this line only if the organization	,	,	,	**
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
632010	) 11-11-16			<u>_</u>	Form <b>990</b> (2016)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 84,285. 209,432. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 1,969,182. 2,112,706. 11 Investments - publicly traded securities 11 2,141,659. 1,883,085. Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 4,195,126. 4,205,223. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 200. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 200. 200. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \( \bigcup \bigcup X \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 4,194,926. 4,205,023. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 4,194,926. 4,205,023. 33 33 Total net assets or fund balances 4,205,223. 4,195,126. Total liabilities and net assets/fund balances

Form	990 (2016) CITY OF CLEVELAND CABLE TELEVISION	34-1	L832689	Pá	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			21.
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses Subtract line 2 from line 1	3			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,19		
5	Net unrealized gains (losses) on investments	5	2	4,4	76.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,20	5,0	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	\		
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	i 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 separat	e basıs,	1 1		
	consolidated basis, or both		ļ. ļ		
	Separate basis X 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audi	t		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

2016

Open to Public Inspection

Employer identification number Name of the organization 34-1832689 CITY OF CLEVELAND CABLE TELEVISION Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 X 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 of supporting organization and complete lines 12e, 12f, and 12q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (II) EIN ning documen IN YOUR GOVE (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) CLEVELAND 31,030. 34-0714588 8 Х FOUNDATION Ō. 31,030. Total

#### 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 )

Se	ction 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						
	ınclude any "unusual grants ")					ļ .	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						-
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3				<u></u>		
5	The portion of total contributions						Î
	by each person (other than a						
	governmental unit or publicly				Ì		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	<u> </u>		<u> </u>	J	
_		(-) 0040	(5) 0040	T (=) 0014	(d) 001E	(=) 0016	(f) Total
	Indar year (or fiscal year beginning in)  Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources				<del>                                     </del>	+	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on				<b> </b>		
10	Other income Do not include gain						
	or loss from the sale of capital		}				
44	assets (Explain in Part VI)  Total support. Add lines 7 through 10				<del>                                     </del>		1
	Gross receipts from related activities,	ote (soo instructi	CDC)	·		12	1
	First five years. If the Form 990 is for		•	rd fourth or fifth t	ay year as a sectio		
	organization, check this box and stor	•	o mot, accord, tim	d, lourn, or mare	ax your do a coolic	71.001(0)(0)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I			column (fl)		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o	•	•	n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies	•		·		,	ightharpoonup
b	33 1/3% support test - 2015. If the o		_		d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	•				•	ightharpoons
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	-	•	ŭ	
b	10% -facts-and-circumstances tes	=	•	· · · · · · · · · · · · · · · · · · ·	_	17a, and line 15 is	10% or
	more, and if the organization meets th	าe "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨 🗔
					Sche	edule A (Form 990	or 990-EZ) 2016

#### Partill 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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						<del></del> _
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					<u> </u>	
	membership fees received (Do not	·					
	include any "unusual grants ")						
2	Gross receipts from admissions,			-			
	merchandise sold or services per-	'					[
	formed, or facilities furnished in			İ			
	any activity that is related to the organization's tax-exempt purpose						ł
2	Gross receipts from activities that	<u> </u>		<del></del>		<del> </del>	<del></del>
3	are not an unrelated trade or bus-						
	iness under section 513			<del></del>	<del>  -</del>	<del></del>	<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<del></del>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u> </u>			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5 000 or 1% of the					İ	
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	111000000000000000000000000000000000000	The state of the s	Mar In The Land	A CONTRACTOR	(報, 经对源课	
	ction B. Total Support				The state of the s	- 20 de	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(4) 2012	(6) 2010	(0) 20 14	<u> </u>	(6) 2010	10 Total
	Gross income from interest,	<del></del>			<del></del>	<del> </del>	<del></del>
	dividends, payments received on						
	securities loans, rents, royalties			l	1	1	ļ
	and income from similar sources				<del> </del>		
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975				1	1	
	, , , , , , , , , , , , , , , , , , , ,	<b></b>			<del> </del>	<del>                                     </del>	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,				1		
	whether or not the business is						
	regularly carried on				ļ <u> </u>		
12	Other income Do not include gain or loss from the sale of capital			}	1		
	assets (Explain in Part VI)						
13	Total support (Add lines 9 10c, 11, and 12)	L	<u>.</u>		L	<u> </u>	
14	First five years. If the Form 990 is for	the organization's	first, second, thii	d, fourth, or fifth t	tax year as a section	on 501(c)(3) <mark>organ</mark> ız	ation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	II <u>I,</u> line 15			16	_%
_	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2			.,,		18	%
	33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box as						ightharpoons
h	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						<b>▶</b> □
20	Private foundation. If the organization						
20	ritvate roundation. It the organizatio	n did not check a i	55× 011 mile 14, 13	a, or roo, oricon t		edule A /Form 99	0 or 990-E7) 2016

15

#### 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
1	X	
2		x
3a		X
3b		
3c		
4a		X
4b		
4c		
5a 5b		X
5c		
6	X	
7		X
8		X
9a		X
9b		X
9c		X
10a		X
10b		

instructions)

Se <u>c</u> t	ion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	

organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

Administrative expenses paid to accomplish exempt purposes of supported organizations
 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 (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

Section E - Distribution Allocations (see instructions)  I Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI) See instructions  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess distributions carryover, if any, to 2016  Excess Distributions  Pre-2016  Underdistributions  Pre-2016  Excess Distributions  Free-2016  Excess Distributions  Pre-2016  Excess Distributions  Free-2016  Excess Distributions  Pre-2016  Excess Distributions  Pre-2016  Inter 2  Excess Distributions  Pre-2016  Inter 2  Excess Distributions  Pre-2016  Excess Distributions  Pre-2016  Excess Distributions  Pre-2016  Excess Distributions  Pre-2016  Excess Distributions  Pre-2016  Excess Distributions  Pre-2016  Inter-2016  Excess Distributions  Pre-2016  Excess Distributio	
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2016.  a	-
able cause required explain in Part VI) See instructions  3	
3 Excess distributions carryover, if any, to 2016 a   b   c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
a   b   c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
e From 2015  f Total of lines 3a through e  g Applied to underdistributions of prior years  h Applied to 2016 distributable amount  i Carryover from 2011 not applied (see instructions)  j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$  a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$ a Applied to underdistributions of prior years b Applied to 2016 distributable amount c 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 greater	
h Applied to 2016 distributable amount  i Carryover from 2011 not applied (see instructions)  j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$  a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$  a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2016 from Section D, line 7 \$  a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
4 Distributions for 2016 from Section D, line 7 \$  a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
line 7 \$  a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
a Applied to underdistributions of prior years  b Applied to 2016 distributable amount  c 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 greater	
b Applied to 2016 distributable amount c 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 greater	
c 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 greater	
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater	
any Subtract lines 3g and 4a from line 2 For result greater	
- I	
than zero, explain in Part VI. See instructions	
6 Remaining underdistributions for 2016 Subtract lines 3h	
and 4b from line 1 For result greater than zero, explain in	
Part VI See instructions	
7 Excess distributions carryover to 2017. Add lines 3)	
and 4c	
8 Breakdown of line 7	
a	
b Excess from 2013	
c Excess from 2014	
d Excess from 2015	
e Excess from 2016	

Schedule A (Form 990 or 990-EZ) 2016

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
PART IV, SECTION A, LINE 6
THE CITY OF CLEVELAND CABLE TELEVISION (CABLE) MAKES GRANTS THAT
BENEFIT OR CARRY OUT THE CHARITABLE, EDUCATIONAL, AND SCIENTIFIC
PURPOSE OF THE CLEVELAND FOUNDATION. CABLE SUPPORTS THE SAME CHARITABLE
ORGANIZATIONS SUPPORTED BY THE CLEVELAND FOUNDATION. ALL GRANTS MUST BE
MADE TO ORGANZIATIONS DESCRIBED IN SECTION 501(C)(3) AND 509(A)(1) OR
(2) OF THE INTERNAL REVENUE CODE. DURING 2016, CABLE MADE \$165,640
GRANTS TO CHARITABLE ORGANIZATIONS.
POTENTIAL GRANTEE ORGANIZATIONS CAN REQUEST FUNDING FROM CABLE BY USING
THE APPLICATION PROCESS ON THE CLEVELAND FOUNDATION'S WEBSITE.
DECISIONS AS TO THE GRANTEES, AMOUNTS, AND PURPOSES OF GRANTS ARE
DETERMINED BY THE BOARD OF CABLE, A MAJORITY OF WHOM ARE APPOINTED BY
THE CLEVELAND FOUNDATION.

#### SCHEDULE D

(Form 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.

016 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

I Do	CITY OF CLEVELAND C		34-1832689
Pa			is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<del>-</del> -	
5	Did the organization inform all donors and donor advisors in wi	•	
	are the organization's property, subject to the organization's ex	•	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor adv	• •	•
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	
_	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990	, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or edition	ucation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation 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 struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	ne organization during the tax
	year▶	-	•
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the perio	odic monitoring, inspection, handling o	·
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		nservation easements during the year
	<b>&gt;</b>		<b>.</b>
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(ı)
-	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	
_	include, if applicable, the text of the footnote to the organization	·	
	conservation easements		• • • • • • • • • • • • • • • • • • • •
Par	t III   Organizations Maintaining Collections of	Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, edu	·	
	relating to these items	isation, or recognition in randocarios or p	asile service, previde the renewing amount
	(i) Revenue included on Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		<u> </u>
2	If the organization received or held works of art, historical treas	curse or other similar assets for finance	al dain provide
2	the following amounts required to be reported under SFAS 116		a gain, provide
_	•	Processor relating to these items	<b>▶</b> \$
a	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
D	Assets included in Form 990, Part X		

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

632051 08-29-16

Schedule D (Form 990) 2016

	VELAND CABLE	TELEVISION	34-1832689 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<del>-</del> -	ļ	
(3) Other	F0 003	DID OF VEN	A NA DICEM TEAT TEN
(A) OCH-ZIFF	58,903.		
(B) MARSHALL WACE	89,523.		R MARKET VALUE
(C) EIG	53,108. 339.		
(D) SOWOOD (E) INDUS STRUCTURED FUND	130.		
COURT POLITRIA	25,691.		
(G) HIGHFIELDS	107,874.		
COLUMN TO THE PARTY OF THE PART	70,042.		
(H) SWIFTCURRENT  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,883,085.	BIVD OF TEAT	TARKET VALUE
Part VIII Investments - Program Related.	1,005,005	<u> </u>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part	Y line 13
(a) Description of investment	(b) Book value		ion Cost or end-of-year market value
(1)	(,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
(2)			
(3)			<del></del>
(4)			
(5)	<del></del> _		•
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		<del></del>	· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part	X, line 15
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e <u>15)</u>		
Part X Other Liabilities.	F 000 David IV/ Im-	44 444 C F 000	N Book V June OF
Complete if the organization answered "Yes"  (a) Description of liability		(b) Book value	o, Part X, line 25
<u>"                                    </u>		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII. provide		the organization's finance	ial statements that reports the

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

Schedule D (Form 990) 2016

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Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12		. <u></u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
FORTRESS PARTNERS OFFSHORE FUND LP	9,599.	FMV
FORTRESS CREDIT OPP.	17,673.	FMV
KING STREET CAPITAL LTD.	144,874.	FMV
DAVIDSON KEMPNER	101,356.	FMV
INDUS PACIFIC OPP.	44,942.	FMV
CLOUGH OFFSHORE FUND LTD.	2,560.	FMV
REGIMENT SPECIAL SITUATIONS FUND	6,959.	FMV
RIVERSIDE	42,945.	FMV
VALIANT CAPITAL PARTNERS OFFSHORE, LTD	43,465.	FMV
VIKING GLOBAL EQUITIES III LTD.	101,589.	FMV
GORDON	25,443.	FMV
ENCAP ENERGY	29,183.	FMV
ESG DOM OPS	46,868.	FMV
ARISAIG GLOBAL	107,897.	FMV
HIGHCLERE	88,336.	FMV
NEWPORT ASIA	179,821.	FMV
FIR TREE	54,677.	FMV
WELLINGTON EMERGING MKT	136,180.	FMV
SACHEM HEAD	72,139.	FMV
PERRY PARTNERS	51,306.	FMV
STEADFAST INTERNATIONAL	97,926.	FMV
MADISON DEARBORN	7,056.	FMV
COATUE	52,108.	FMV
CANYON DISTRESSED	12,573.	FMV

SCHEDULE I (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.

2016
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OMB No 1545-0047

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

°N |X STORIES: COLLINWOOD YOUTH EATRO PUBLICO SUPERTITLE Employer identification number HROUGH DIGITAL MEDIA AT 34 - 1832689SLAVIC VILLAGE STORIES: DIGITAL MEDIA - 231377 CAPACITY-BUILDING FOR (h) Purpose of grant or assistance IGITAL STORYTELLING SARDEN ORAL HISTORY NE COMMUNITY, MANY CLEVELAND COMMUNITY JRBAN BRIGHT 2016: PREATING COMMUNITY \_\_\_\_\_Yes CASE ELEMENTARY ART ENGAGEMENT 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 FRANSLATION 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A 0.N/A 0.N/A 。 ٥. Ö 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 000 500 900 (d) Amount of 12,000 12,500 7,890 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 'n, œ CABLE TELEVISION (c) IRC section (if applicable) ი ე С 3 m 501 C 3 ᠬ U 501 C 501 C Enter total number of other organizations listed in the line 1 table 501 501 501 CITY OF CLEVELAND 34-1359225 34-0714336 34-1657533 34-1355946 34-1241756 34-1926856 Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization INC. - 7201 KINSMAN AVENUE, SUITE CENTER FOR ARTS-INSPIRED LEARNING 13110 SHAKER SQUARE, SUITE C203 BURTEN, BELL, CARR DEVELOPMENT, BROADWAY SCHOOL OF MUSIC & THE CLEVELAND PUBLIC THEATRE, INC. ARTS - 5415 BROADWAY AVENUE -- CLEVELAND, OH 44104 CLEVELAND, OH 44127-1508 CLEVELAND, OH 44120-2313 CLEVELAND, OH 44106-1797 or government CLEVELAND MUSEUM OF ART 11150 EAST BOULEVARD 6415 DETROIT AVENUE 3119 DENISON AVENUE CLEVELAND, OH 44102 CLEVELAND, OH 44109 Name of the organization ART HOUSE, INC. 104

Schedule I (Form 990) (2016)

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

Page 1

Schedule I (Form 990) CITY OF CLEVELAND CABLE TELEVISION Partial Continuation of Grants and Other Assistance to Governments and Organizations in	CABLE TELEVISION	wernments and Organizations in the United States (Schedule   Form 9
chedule I (Form 990)	CLEVELAND	her Assistance to Go
chedule I (Form 990)	OF)	o pi
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Francil Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II )	Assistance to Go	vernments and Organ	nizations in the Ui	nited States (SCIII	edule I (Form 99U), Par	t II J	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND SCHOOL OF THE ARTS BOARD OF TRUSTEES - PO BOX 18265 - CLEVELAND, OH 44118	34-1410357	501 C 3	7,700.	0	N/A		CAPACITY-BUILDING FOR
CLEVELAND URBAN MINORITY ALCOHOLISM & DRUG ABUSE OUTREACH PROGRAM (UMADAOP) - 1215 EAST 79TH STREET - CLEVELAND, OH 44103	34-1517684	501 C 3	13,000.	0.	0.N/A		YOUTH MEDIA TRAINING AND DIGITAL COMMUNICATIONS PRODUCTION
DUFFY LITURGICAL DANCE ENSEMBLE 1919 EAST 107TH STREET CLEVELAND, OH 44106	34-1512811	501 C 3	10,000.	0.	N/A		DIGITAL CAPACITY-BUILDING
FAMICOS FOUNDATION, INC. 1325 ANSEL ROAD CLEVELAND, OH 44106	34-1053534	501 C 3	14,000.	0	0.N/A		"PUT DOWN THE LEAD" YOUTH-LED MULTI -MEDIA SAMPAIGN
KARAMU HOUSE 2355 EAST 89 STREET CLEVELAND, OH 44106-3403	34-0714448	501 C 3	18,500.	0.	N/A		INTER-GENERATIONAL MULTI-MEDIA ARCHIVING PROJECT
KENT STATE UNIVERSITY FOUNDATION P.O. BOX 5190 KENT, OH 44242-0001	34-6576307	501 C 3	15,000.	0.	N/A		MAKING OUR OWN STORIES COMMUNITY PODCASTING PROJECT
PROGRESSIVE ARTS ALLIANCE, INC. 3311 PERKINS AVENUE, SUITE 300 CLEVELAND, OH 44114	01-0573988	501 C 3	6,500.	0	0.N/A		DIGITAL MEDIA STUDENT WORKSHOPS
SLAVIC VILLAGE DEVELOPMENT 5620 BROADWAY, SUITE 200 CLEVELAND, OH 44127	34-1344279	501 C 3	5,650.	0	0.N/A		BROADWAY SLAVIC VILLAGE CODECADEMY
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVENUE CLEVELAND, OH 44102	34-0714820	501 C 3	7,500.	0	N/A		SUMMER OF SISTERHOOD

Schedule I (Form 990)

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Schedule I (Form 990) (2016) CITY OF CLEVELAND CABLE TELEVISION

[2Part: III.] 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

Page 2

34-1832689

raisa, otner)				uo										Schedule I (Form 990) (2016)
(book, riviv, appraisal, other)				additional informatic		VE AND	I THE	ND LETTER.	JATION	STAFF WHO	ISSUES	A	THE	
cash assistance		1		(b), and any other a	į	ED NARRATIVE	IE GRANT ON	SCHEDULED IN THEIR GRANT AWARD LETTER.	MONITORING AND EVALUATION	CLEVELAND FOUNDATION	QUESTIONS OR	FORMS SERVE AS	STAFF AND	
cash grant				ne 2, Part III, column		IT SCHEDULED	АТЕО ТО ТЕ	IN THEIR	MONITORING	LEVELAND F	ARE		FOUNDATION	28
recipients		i		uired in Part I, lir	3	TO SUBMIT	VITY REL	CHEDULED	OF OUR	BY THE C	S IF THERE	FOUND THESE	CLEVELAND F	
				Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	FORM 990, SCHEDULE I, PART I	THE FUND REQUIRES GRANT RECIPIENTS	FINANCIAL PROGRESS REPORTS ON ACTIVITY RELATED TO THE GRANT ON THE	FUND'S GRANT REPORTING FORMS, AS S	GRANT REPORTS ARE AN INTEGRAL PART	PROCESS. THE REPORTS ARE REVIEWED	FOLLOW-UP WITH THE FUND'S DIRECTORS	IDENTIFIED BY THIS REVIEW. WE HAVE	VALUABLE LEARNING TOOL FOR THE CLE	632102 11-01-16

Schedule I (Fo	rm 990) CT Supplemental Informa	ΤΥ	OF CLEV	ELAND CABLE	TE.	LEVISION		34-18	332689	Page 2
Faction 2	supplemental informa	tion								
GRANTEE	ORGANIZATION.	Α	CLOSING	EVALUATION	IS	PERFORMED	ONCE	THE	FINAL	
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#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

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

► Attach to Form 990.

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

2016

Open to Public Inspection

Employer identification number

34-1832689

Name of the organization

Department of the Treasury

Internal Revenue Service

CITY OF CLEVELAND CABLE TELEVISION

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 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 Written employment contract Compensation committee 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 X 4a a Receive a severance payment or change-of-control payment? X 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 X 5a a The organization? X b Any related organization? 5b 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 X 6a a The organization? X 6b b Any related organization? 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 X not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported 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

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

					thor deferred			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)(b)(b)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHARITABLE AND EDUCATIONAL FUNCTIONS OF THE CLEVELAND FOUNDATION. FORM 990, PART VI, SECTION A, LINE 2: THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND ("MINORITY ARTS AND EDUCATION FUND") IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. CONSEQUENTLY, SOME OF ITS TRUSTEES AND OFFICERS ARE EMPLOYEES OR OFFICERS OF THE CLEVELAND FOUNDATION, COMPENSATED BY THE CLEVELAND FOUNDATION. ROBERT ECKARDT IS A TRUSTEE OF THE MINORITY ARTS AND EDUCATION FUND AND ALSO AN OFFICER OF THE CLEVELAND FOUNDATION. HE HAS A BUSINESS RELATIONSHIP WITH KRISTI ANDRASIK, ELIZABETH HONOLD, AND ANTHONY GATTUSO, OFFICERS OF THE MINORITY ARTS AND EDUCATION FUND BECAUSE MS. ANDRASIK, MS. HONOLD, AND MR. GATTUSO ARE EMPLOYEES OF THE CLEVELAND FOUNDATION. FORM 990, PART VI, SECTION A, LINE 6: THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND IS AN OHIO NONPROFIT CORPORATION. AS SUCH, IT HAS MEMBERS WHO HAVE THE RIGHT UNDER OHIO STATE LAW AND THE ORGANIZING INSTRUMENTS OF THE CORPORATION TO PARTICIPATE IN ITS GOVERNANCE. FORM 990, PART VI, SECTION A, LINE 7A:

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND

HAS TWO CLASSES OF MEMBERS, PUBLIC MEMBERS AND DONOR MEMBERS, WHO APPOINT

THE ORGANIZATION'S BOARD OF TRUSTEES. THE PUBLIC MEMBER OF THE MINORITY

ARTS AND EDUCATION FUND IS THE CLEVELAND FOUNDATION AND THE DONOR MEMBER IS

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

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CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

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

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

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

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

FULL NUMBER OF TRUSTEES.

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

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

APPROVE CERTAIN KEY ACTIONS UNDERTAKEN BY A NONPROFIT CORPORATION INCLUDING
MERGER OF THE CORPORATION, SALE, TRANSFER, OR OTHER DISPOSITION OF

SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION, AMENDMENT OF THE

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

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

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

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

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

RIGHTS OF APPROVAL OF THE BOARD OF TRUSTEES.

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

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

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

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

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

AND TRUSTEES OF MINORITY ARTS AND EDUCATION FUND.

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

Employer identification number 34-1832689

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

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

EXCEPT IN THE LIMITED CASE NOTED BELOW, TRUSTEES AND OFFICERS WITH CONFLICT
OF INTEREST UNDER THE POLICY, MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT
OF INTEREST AT THE MEETING; (II) PRESENT ANY RELEVANT INFORMATION

CONCERNING THE MATTER INVLOVING THE CONFLICT, IF REQUESTED; AND (III)

RECUSE THEMSELVES FROM THE MEETING FOR THE DISCUSSION AND VOTE ON THE

MATTER PRESENTING THE CONFLICT. IN LIMITED CASES INVOLVING THE APPROVAL OF

GRANT DISTRIBUTIONS WHERE TRUSTEE AND OFFICERS HAVE CERTAIN LIMITED

POTENTIAL CONFLICTS OF INTEREST WITH A PROPOSED GRANT RECIPIENT, THE

TRUSTEES OR OFFICERS MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT OF

INTEREST AT THE MEETING; (II) ABSTAIN FROM VOTING ON THE MATTER.

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

A AND B: THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

CITY OF CLEVELAND CABLE TELEVISION

2016

OMB No 1545-0047

Employer identification number 34-1832689

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income € हिन्दि कि Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity Partil

n 990) 2016	Schedule R (Form 990) 2016				ns for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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						1422 EUCLID AVE., SUITE 1300
						THE CLEVELAND FOUNDATION - 34-0714588
Yes No	λ'	501(c)(3))				
entity?		status (if section	section	foreign country)		of related organization
controlled	Direct controlling	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
(g)	(£)	(e)	<u>e</u>	( <u>0</u>	(a)	(a)

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34-1832689

Page 2

Schedule R (Form 990) 2016 CITY OF CLEVELAND CABLE TELEVISION

Part ill 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, u excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispropo allocati	Code V.UBI amount in box 20 of Schedule No K-1 (Form 1065)	(j) Bl General or Dox managing partner? Jule Yes No	(i) (k) General or Percentage managing ownership
			,								
Part IV   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	ganizations Taxable a poration or trust dunn	s a Corpo g the tax	ration or Trust. Corear	omplete if th	e organization	answered "Yes	" on Form 990	Part IV, line	34 because it h	ad one or n	nore related
(a) Name, address, and EIN of related organization	Zc	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section Section 5.12(b)(13) controlled entity?
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Schedule R (Form 990) 2016

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan quarantees by related organization(s)				1e
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				i-
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k
I 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)	anization(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
				×
p remindusement paid to related digamization(s) to expenses				╀
<ul> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>				10
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				1s X
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 t	his 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	nvolved
(1)				
(3)				
(4)				
		•		
(6)				
(9)				
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Part VI3 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

(a) (b) (c) (d)	(q)	(c)	(p)	6	(0)	(9)	[9	(=	(K)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Ŋ	Share of	Disproper-	Code V-UBI	General o	Percentage
of entity	•	g	(related, unrelated, 501(c)(3) excluded from tax under 095?		end-of-year	tonate allocatons?	amount in box 20 managing of Schedille K-1 partner? ownership	managing partner?	ownership
		country)	sections 512-514) Yes No	No income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (	Form 990) 2016	CITY OF	CLEVELAND	CABLE	TELEVISION	34-18	832689 <sub>Page</sub>
Part VII	Form 990) 2016 Supplemental	Information.					
·	Provide additional in	nformation for respon	ses to questions on	Schedule R S	ee instructions		
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