Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

Open to Public Inspection

F	or ca	lendar year 2017 or tax year beginning		, 2017	, and ending]	, 20
_	Name	of foundation JAMES J. AND SHARON	R. ABEL FOUND			A Employer identif	ication number
	C/O	JAMES J. ABEL, PRESIDENT				26-124869	06
_		er and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone numb	er (see instructions)
			·		i		·
	294	9 NORTH PARK BOULEVARD				(216) 37	11-2257
_		town, state or province, country, and ZIP or foreign pos	tal code		L	(210) 5.	1 2231
	J., J.	town, state of profines, ocurry, and an or lordigit poo				C If exemption applica	ation is
	CT E	VELAND HEIGHTS, OH 44118				C If exemption application pending, check here	·
_			Instint nature	af a farmar r	ula abasit	_	,
G	Che	eck all that apply: Initial return	Initial return	-	oublic charity	Transfer or garrier	
		Final return	Amended re			2. Foreign organiza 85% test, check l	
_		Address change	Name chang				
H		eck type of organization: X Section 501(- E If private foundatio	n status was terminated
T		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			under section 507(b)(1)(A), check here
I		I —	unting method: X C	ash [] Acc	rual	F If the foundation is	in a 60-month termination
		· · · · · · · · · · · · · · · · · · ·	ther (specify)			under section 507(b)(1)(B), check here
_			column (d) must be on ca	ish basis.)			
	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net inve	actmont	(a) Adjusted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net Inve		(c) Adjusted net income	purposes
_		column (a) (see instructions).)	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	25,000.				
	2	Check ► if the foundation is not required to attach Sch B					<u> </u>
	3	Interest on savings and temporary cash investments.		-			
	4	Dividends and interest from securities	38,890.	3	8,591.		ATCH 1
	5a	Gross rents					
		Net rental income or (loss)					
a		Net gain or (loss) from sale of assets not on line 10	26,459.	-			
Revenue	Ď	Gross sales price for all 243, 309					
Š	7	Capital gain net income (from Part IV, line 2) .		2	6,459.	The same of the sa	
~	8	Net short-term capital gain			-	RECE	
	9	Income modifications				8	VEC
		Gross sales less returns				8 MAY	
,		and allowances				17	2010 191
		Less Cost of goods sold				000	1018 /9/
		Gross profit or (loss) (attach schedule)			- + ⁻	OGDEN	17-18/
	11 12	Other income (attach schedule)	90,349.	6	5,050.		7
_			0.		7,0007	·····	
Š	13	Compensation of officers, directors, trustees, etc					
1 Se	14	Other employee salaries and wages	•				
je	15	Pension plans, employee benefits	•	<u></u>			
X	14 15 16a b c 17 18 19 20	Legal fees (attach schedule)	2,000.		2,000.		
ė	b	Accounting fees (attach schedule)ATCH 2	12,190.		2,190.		
ĕ	C	Other professional fees (attach schedule).[3]	12,130.		2,130.		
itra	17	Interest					
-ŝ	18	Taxes (attach schedule) (see instructions)					
Έ	19	Depreciation (attach schedule) and depletion.					<u></u>
A	20	Occupancy					
ğ	21 22	Travel, conferences, and meetings	···-			 	
a	22	Printing and publications					
ng	23 24 25	Other expenses (attach schedule) ATCH . 4 .	207.	_	207.		
ati	24	Total operating and administrative expenses.	44.85	_	4 20-		
Je.		Add lines 13 through 23	14,397.	1	4,397.		70 100
ŏ	25	Contributions, gifts, grants paid	78,100.				78,100.
_	26	Total expenses and disbursements Add lines 24 and 25	92,497.	1	4,397.	0	78,100.
	27	Subtract line 26 from line 12.					
	a	Excess of revenue over expenses and disbursements	-2,148.				
	b	Net investment income (if negative, enter -0-)		5	0,653.		
_	С	Adjusted net income (if negative, enter -0-)					

Page 2

Б	art II	Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
4	artii	Pajance Sheers	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
١	1 '	Cash - non-interest-bear	ing			
	2	Savings and temporary	cash investments	31,923.	87,503.	87,503.
- 1		Accounts receivable ▶			·	
- [Less: allowance for dou	btful accounts ▶			
1		Pledges receivable ▶				
ı		_	btful accounts ▶	İ		
- 1			officers, directors, trustees, and other			
			tach schedule) (see instructions)			
Ì			eceivable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
-			btful accounts ▶			
ß						
ssets	_		e			
AS			eferred charges		· · · · · · · · · · · · · · · · · · ·	
	10a	Investments - U.S. and state	stock (attach schedule) ATCH 5	859,322.	1,008,817.	1,008,817.
ļ	b	to restments - corporate	bonds (attach schedule) ATCH 6	332,228.	255,842.	
ŀ	11 11	Investments - corporate Investments - land, buildings	s. Lattach schedule)	332,220.	233,042.	233,042
		and equipment basis Less accumulated deprecia	<u> </u>			
		(attach schedule)				
Î	12	Investments - mortgage	loans			
		Investments - other (atta Land, buildings, and	ach schedule) ATCH 7	J		
1	•	equipment basis Less accumulated deprecia	tion >	3		-5
		(attach schedule)				
-		Other assets (describe >				
1			completed by all filers - see the			
4		instructions Also, see p	age 1, item i)	1,223,473.	1,352,162.	1,352,162.
- 1	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
S	19 20 21 22	Deferred revenue				
	20		rs, trustees, and other disqualified persons			
ᅙ	21		tes payable (attach schedule)			
	22		· >)			
		·				
	23	Total liabilities (add line	s_17 through 22)	0.	0.	
ı			v SFAS 117, check here			
ces			through 26, and lines 30 and 31.			
<u>e</u>	25	· · · · · · ·				
מ	25 26					
			ot follow SFAS 117, check here ► X			
리		and complete lines 27 (
히	.7		-			
S	21 20	·	cipal, or current funds			
Net Assets or Fund Balan	20 20		land, bldg, and equipment fund	1,223,473.	1,352,162.	
8	29		lated income, endowment, or other funds	1,223,473.	1,352,162.	
ఠ	30		balances (see instructions)	1,223,473.	1,332,102.	
Z			net assets/fund balances (see	1 000 470	1 252 162	
				1,223,473.	1,352,162.	
			nges in Net Assets or Fund Balar		<u> </u>	
1			alances at beginning of year - Part I			1 000 470
_			d on prior year's return)			1, 223, 473
2	Ente	r amount from Part I,	line 27a		2	-2,148
		r increases not includ	3	130,837		
4	Add	lines 1, 2, and 3			4	1, 352, 162.
5	Deci	reases not included in	line 2 (itemize) ► ATCH 9	·	5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 30 6	1, 352, 162
						Form 990-PF (2017)

Pa	rt IV Gapital Gains	s and Losses for Tax on Inve	estment Income		,	
_		escribe the kind(s) of property sold (for e prick warehouse; or common stock, 200	•	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a				D - Donation		
<u>. u</u> b	·					
c	·					
d	<u> </u>					
e	<u> </u>	T			Ll	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
<u>a</u>						
<u>b</u>						
c d						
<u>u</u>						
		showing gain in column (h) and owned	by the foundation on 12/31/69	(0)	Gains (Col. (h) ga	ın minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), if any		(k), but not less the Losses (from col	nan -0-) or
a	l					
b						
С						
d	<u> </u>					
<u>e</u>	<u> </u>					
2	Capital gain net income		ain, also enter in Part I, line 7			26,459.
3	Not short-term canital	it (ام) gain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	2		20,439.
3	-	Part I, line 8, column (c) See ins				
		· · · · · · · · · · · · · · · · · · ·		3		0.
Рa	rt V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment In	come		
		the section 4942 tax on the distrib		ase peno	d?	Yes X No
1		n't qualify under section 4940(e) Emount in each column for each year		ng any er	tnes	
÷	(a)	(b)	(c)	ng any cr	(d)	
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2016	71,704.	1,183,020.			0.060611
	2015	51,750.	1,234,213.			0.041930
_	2014	44,200.	1,263,151.			0.034992
	2013	42,000.	1,188,990.			0.035324
	2012	54,117.	1,096,548.			0.049352
^	Tatal of loss 4 and and	4.10	i			0.222209
2	Average distribution and	(d)	a the total on line 2 by 5.0, or by	2		0.222203
3		e foundation has been in existence		3		0.044442
4	Enter the net value of r	noncharitable-use assets for 2017 f	rom Part X, line 5	4	1,	227,014.
5	Multiply line 4 by line 3			5		54,531.
6	Enter 1% of net investr	nent income (1% of Part I, line 27b)		6		507.
7	Add lines 5 and 6			7		55,038.
8	Enter qualifying distribu	utions from Part XII, line 4		8		78,100.
	If line 8 is equal to or Part VI instructions.	greater than line 7, check the box	in Part VI, line 1b, and complete	that par	t using a 1% ta	ix rate. See th

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b		1			507.
	here $\blacktriangleright X$ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J				
	Part I, line 12, col. (b).	_			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			507.
3	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	5			507.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	-		<u>`</u>	507.
6	Credits/Payments: 2017 estimated tax payments and 2016 overnayment credited to 2017 6a 1, 961.				
_	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,961. Exempt foreign organizations - tax withheld at source				
b	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld]			
7	Total credits and payments. Add lines 6a through 6d	7		1,	961.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1,	454.
<u>1</u> 1	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 1,454. Refunded ▶				
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislatio	n or did	ıt	Yes	No
	participate or intervene in any political campaign?		1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s? See	the		<u> </u>
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	ny mater	ials		
	published or distributed by the foundation in connection with the activities.				v
	Did the foundation file Form 1120-POL for this year?		· . 1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
_	(1) On the foundation (2) On foundation managers (5)				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed			
2	on foundation managers. ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
~	If "Yes," attach a detailed description of the activities.		• •		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument	t articles	of		1
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		l l		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		1		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		I		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				Ì
	By language in the governing instrument, or				1
	• By state legislation that effectively amends the governing instrument so that no mandatory dir	ections (1	3,7	
	conflict with the state law remain in the governing instrument?			X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),	and Part	XV 7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
_	OH,				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor			x	[
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation			 -	+
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4		,	}	"
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part X complete Part XIV		1]	x
10	complete Part XIV.		1		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule names and addresses			<u> </u>	x
		<u></u>		_ ==	

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	2 3 2	x x
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	2 3 2	X
meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	2 3 2	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	3 2	<
person had advisory privileges? If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	3 2	<
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	3 2	
N / 7	9428	
Website address ▶N/A	9428	
14 The books are in care of ▶ VICTOR G. KMETICH Telephone no. ▶ (440)442−		
Located at ▶6700 BETA DR, SUITE 116 CLEVELAND, OH ZIP+4 ▶ 44143		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		
and enter the amount of tax-exempt interest received or accrued during the year		
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	Y	es No
over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		; 41 /
the foreign country	No.	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	N 1.04	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es No
1a During the year, did the foundation (either directly or indirectly):	1 38	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	3	à :1 🕏 .
disqualified person?		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	â 3	
(5) Transfer any income or assets to a disqualified person (or make any of either available for		
the benefit or use of a disqualified person)?	87	`1.
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		
foundation agreed to make a grant to or to employ the official for a period after	Ĭ.	1. 1
termination of government service, if terminating within 90 days)		1 : 3
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4 E.	
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		278.4
Organizations relying on a current notice regarding disaster assistance, check here		- 18
c Did the foundation engage in a prior year in any of the acts described in 1a other than excepted acts that	S	
were not corrected before the first day of the tax year beginning in 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		\$ FR .
operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	, L	
6e, Part XIII) for tax year(s) beginning before 2017?		
If "Yes," list the years ▶,,		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1	
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
all years listed, answer "No" and attach statement - see instructions.)		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		13 8
. The state of th		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		<u> </u>
at any time during the year?		
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	ı,	
disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	
foundation had excess business holdings in 2017.)	& ·)	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	\neg	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X

Form 9	990-PF (2017)					F	ege 6
Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes X No	•]	
	(2) Influence the outcome of any specific public ele	ection (see section of	4955); or to carry or	n,			
	directly or indirectly, any voter registration drive?			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?	?	. Yes X No	•		1
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described i	n — —		[
	section 4945(d)(4)(A)? See instructions			Yes X No	•	!	1
	(5) Provide for any purpose other than religious, ch	naritable, scientific,	literary, or education:	al		'	1
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	•		ł
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	1		
	Regulations section 53.4945 or in a current notice regar	dıng disaster assıstan	ce? See instructions.		5b		L
	Organizations relying on a current notice regarding disas	ster assistance, check	here		\sqcup		
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax		ł	
	because it maintained expenditure responsibility for the	grant?		. Yes No	,	1	
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d).					
6a	Did the foundation, during the year, receive any fur	nds, directly or ındır	ectly, to pay premiur		ļ	}	
	on a personal benefit contract?			Yes X No	•]	•
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	6b		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	x shelter transaction?.	. Yes X No	• (1
b	If "Yes," did the foundation receive any proceeds or have					L	<u></u>
Par	t VIII Information About Officers, Directors	rs, Trustees, Fou	ındation Managers	s, Highly Paid Emp	oloyees,		
1	List all officers, directors, trustees, foundation r	nanagers and their	r compensation. See	instructions.			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans	(e) Expens		
	(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other al	lowance	es
			_				_
ATC	1 10		0.	0.			<u> </u>
]					
			in				
		<u> </u>	<u> </u>	<u>[]</u>			
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see instructi	ons). If n	one,	enter
	"NONE."	T		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expension	se acco	unt, es
		devoted to position	i 	compensation			
		}	1				
	NONE						
				1			
			<u> </u>				
			<u> </u>				
Total	number of other employees paid over \$50,000						
					Form 99	0-PF	(2017)

, form 990-PF (20	(17)	Page
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	
3 Five his	ghest-paid independent contractors for professional services. See instructions. If non	ne, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of	of service (c) Compensation
ATCH 11		
otal number	of others receiving over \$50,000 for professional services	<u></u>
Part IX-A	Summary of Direct Charitable Activities	
	lation's four largest direct charitable activities during the tax year Include relevant statistical information such a and other beneficianes served, conferences convened, research papers produced, etc	as the number of Expenses
	and other beneficiales served, conferences converted, research papers produced, etc	
1 NONE		
2		
3		
		
<u> </u>		
art IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
<u> </u>		
		
All other prog	ram-related investments. See instructions	
3 NONE		

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	Foreign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, et	c.,	
	purposes.		
а	Average monthly fair market value of secunties	. 1a	1,199,060.
b	Average of monthly cash balances	. 1b	46,639.
С	Fair market value of all other assets (see instructions)		
d		1d	1,245,699.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d		1,245,699.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	ee	
	instructions)	. 4	18,685.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line		1,227,014.
6	Minimum investment return. Enter 5% of line 5		61,351.
Pai	To and certain foreign organizations, check here □ and do not complete this part.)	foundations	
1	Minimum investment return from Part X, line 6	1	61,351.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a 50	07.	
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	507.
3	Distributable amount before adjustments. Subtract line 2c from line 1		60,844.
4	Recoveries of amounts treated as qualifying distributions	. 4	
5	Add lines 3 and 4		60,844.
6	Deduction from distributable amount (see instructions)	. 6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X	m, [_
	line 1		60,844.
Par	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	78,100.
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et	C.,	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	A (L abb		
b	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line		78,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	507.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	77,593.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wher qualifies for the section 4940(e) reduction of tax in those years.	n calculating v	whether the foundation

Form **990-PF** (2017)

Pa	rt XIII Undistributed Income (see instr	ructions)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7		 		60,844.
2	Undistributed income, if any, as of the end of 2017				
_	Enter amount for 2016 only.			52,966.	
h	Total for pnor years 20 15 ,20 14 ,20 13				
	Excess distributions carryover, if any, to 2017:				
	From 2012				
	From 2013				
	From 2014				
	From 2015				
	From 2016	1			
	Total of lines 3a through e	0.			
	Qualifying distributions for 2017 from Part XII, line 4. > \$ 78,100.				
а	Applied to 2016, but not more than line 2a			52,966.	
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount		··· — — -		25,134.
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017		<u> </u>		
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
þ	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable		Ţ	[
	amount - see instructions		<u> </u>		
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be				25 717
	distributed in 2018				35,710.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2012 not				
^	applied on line 5 or line 7 (see instructions)				
7	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
0	Analysis of line 9				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				

_	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABLE
	If the foundation has					/
	foundation, and the rulin					
h	Check box to indicate v	-				(3) or 4942(j)(5)
	Check box to indicate t	Tax year	lo a privato operating	Prior 3 years		10.120/(0)
2 a	Enter the lesser of the ad-	(a) 2017	(h) 2016	(c) 2015	(d) 2014	(e) Total
	justed net income from Part I or the minimum investment	(a) 2017	(b) 2016	(6) 2015	(u) 2014	
	return from Part X for each					
	year listed		·			
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not				X = X	
	used directly for active conduct of exempt activities			/		
e	Qualifying distributions made			/		
_	directly for active conduct of			<i>[</i> "		
	exempt activities Subtract line					
3	2d from line 2c					
_	atternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets			<i> </i>	 	
	(2) Value of assets qualifying under section		/	ď		
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	· .					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),		1			
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)	//	,			
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income.				11 1 1 2 2 2 2 2 2	
Pa				only if the founda	ntion had \$5,000 or	more in assets at
		uring the year - see	<u></u>			
	Information Regardin	•				
а					al contributions receive	ed by the foundation
	before the close of any	tax year (but only if tr	iey nave contributed	more man \$5,000). (3	see section 507(d)(2))	
	JAMES J. A					
b					poration (or an equally	large portion of the
	ownership of a partner	rship or other entity) o	which the foundation	n has a 10% or greate	r ınterest.	
	NONE					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
		-			ritable organizations a	nd does not accept
	unsolicited requests for	or funds. If the found	ation makes difts, or	ants, etc., to individua	als or organizations un-	der other conditions,
	complete items 2a, b,				2.0 0. 0. ga20 a	
				he nerson to whom an	plications should be add	ressed
a	rne name, audress, a	na reiebhone namber	or emanaudicas Urt	по регоон ю многи ар	phoduorio oriodia de addi	
<u>_</u>	The form in which onn	leations about he are	hamilton dannel informati	on and materials that	chauld include	
D	The form in which app	iications snould de su	omitted and informati	on and materials they	should include.	
	- <u>,</u>					
С	Any submission deadle	nes:				
		<u> </u>				
d		mitations on awards	, such as by geog	raphical areas, charit	able fields, kinds of	institutions, or other
	factors					

m 990-PF (2017) art XV Supplementary Information	(continued)			Page
3 Grants and Contributions Paid Dur	ing the Year or Appi	roved for F	uture Payment	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year		}		
ATCH 12				
		1		
		}		
		}		
		1		
		}		
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		}		
•		1		
]		
	<u> </u>			
Total	<u>, , , , , , , , , , , , , , , , , , , </u>	 .	▶ 3a	78,1
b Approved for future payment				
		İ		
		}		
]]	j	
	1	i i		
		}		
		[
	1			

JSA 7E1491 1 000

Form 990-PF (2017)

Part XVI-A Analysis of Income	e-Producing Act	ivities			
Enter gross amounts unless otherwise indic	ated. Unrel	ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt
Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a CONTRIBUTIONS			13	25,000.	
b					
c					
d					
e				<u> </u>	
f			<u> </u>		
g Fees and contracts from government ag	gencies		 		
2 Membership dues and assessments .					
3 Interest on savings and temporary cash investi	tments -		+	20.000	
4 Dividends and interest from securities			14	38,890.	
5 Net rental income or (loss) from real est	ate·		-		_
a Debt-financed property	í				
b Not debt-financed property	j i		 -		
6 Net rental income or (loss) from personal p	roperty	 			
7 Other investment income			18	26,459.	
8 Gain or (loss) from sales of assets other than	•		+ 10	20,433.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inven				 	
1 Other revenue: a	l l			<u> </u>	
b	í			 	
c			+		
d			 		
2 Subtotal Add columns (b), (d), and (e)			 	90,349.	
13 Total. Add line 12, columns (b), (d), and			 _		90,349
See worksheet in line 13 instructions to ve	erify calculations.)				
		ccomplishment of E	xempt Pur	poses	
Explain below how each accomplishment of the fo	•			- 1 - 1	•
				· 	
					
					

Form 99 Part			Regarding Tr	ansfers to and Transa	ctions an	d Relations	ships With None	charit		ge 13
ir	n sec	e organization direc	tly or indirectly	engage in any of the follow 501(c)(3) organizations)	-	. •			Yes	No
a T	ransf	ers from the reporting	_	a noncharitable exempt or	-					v
				• • • • • • • • • • • • • • • •						<u>X</u>
-	-	ner assets transactions:		• • • • • • • • • • • • • • • • • • • •		• • • • • • •		1a(2)		L
				empt organization						X
				able exempt organization				1 1		X
		•	-	rassets				, ,		X
		_								Х
		-		hip or fundraising solicitation						X
				sts, other assets, or paid emi						Х
V	alue d	of the goods, other	assets, or serv	es," complete the following rices given by the reporting gement, show in column (o	foundation	n. If the found	ation received less	than t	air m	narket
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organization		escription of trans	ers, transactions, and sha	nng arra	ngeme	nts
		N/A	ļ		N/A					
			ļ- ·							
					 					
			 		+	-				
	-+									
										
	_									
					1		· · · · · · · · · · · · · · · · · · ·			
			<u> </u>							
			<u> </u>							
		 	<u> </u>							
d	escrit	•) (other than se	ffiliated with, or related to, action 501(c)(3)) or in section		ore tax-exemp	t organizations [Y6	es X] No
	.00	(a) Name of organization		(b) Type of organization	1		(c) Description of relations	ship		
	-						```			
		·					. <u> </u>			
				ined this return, including accompanying			o the best of my knowledg	ge and b	elief, it	is true
Sign	correc	ct, and complete Declaration of	of preparer (other than)	(axpayer) is based on all information of wi	nich preparer has	sany knowledge Lesiden	May the IRS			
Here	Sign	nature of officer or trustee	X: (X)	Date Date	Title	escaen	with the pro		Yes [below? No
	$\bot C$		/ \ \	_ 		·				
Paid	-	Print/Type preparer's na		Preparer's signature	•	Date	Check X If	PTIN	:	
raid Prepa	ror	VICTOR G KMET		(let 1) /m	ex_	4/271		P012		1 5
_				AL SERVICES LLC			Firm's EIN ▶ 20-0	5/89	81	
Use C	nıy	· ·	700 BETA DE LEVELAND,	RIVE, SUITE 116	Λ.	4143	Phone no 440-4	12-Q	428	
		C1	TO A BHUND'	ОН				m 99		(2017

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Employer identification number

JAMES J. AND SHARON R. ABEL FOUNDATION 26-1248696 C/O JAMES J. ABEL, PRESIDENT Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization JAMES J. AND SHARON R. ABEL FOUNDATION C/O JAMES J. ABEL, PRESIDENT

Employer identification number 26-1248696

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	JAMES J ABEL 2949 NORTH PARK BOULEVARD CLEVELAND HEIGHTS, OH 44118	\$\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization JAMES J. AND SHARON R. ABEL FOUNDATION C/O JAMES J. ABEL, PRESIDENT

Employer identification number 26-1248696

art II Nonc	cash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom 'art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
i) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I		(c) FMV (or estimate)	(d Date red

name of o	rganization JAMES J. AND SHARON R C/O JAMES J. ABEL, PR		Emp	oloyer identification number 26–1248696
Part {	Exclusively religious, charitable, etc		tions described in a	
_	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional copies of Part III iII if additional copies of Part III iI	the year from any one co- tions completing Part III, ent the year. (Enter this informat	ntributor. Complete er the total of exclusiv	columns (a) through (e) and vely religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
———				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of tra	nsferor to transferee

FORM 990-PF - PART IV

·						P	ENT INCOM	
Kind of P	roperty	Description			or D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		UBS FINANCI	AL - SEE AT	TACHED		P	VARIOUS	VARIOUS
10,802.		PROPERTY TY 14,372.	PE: SECURIT	TIES			-3,570.	
118,811.		UBS FINANCI 107,328.	AL - SEE AT	TACHED			VARIOUS 11,483.	VARIOUS
113,696.		UBS FINANCI 95,150.	AL - SEE AT	TACHED			VARIOUS 18,546.	VARIOUS
TAL GAIN(LO	oss)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			26,459.	
		1						
							:	
	!							15

JAMES J. AND SHARON R. ABEL FOUNDATION E.I.N: 26-1248696 C/O JAMES J. ABEL, PRESIDENT 2949 NORTH PARK BOULEVARD CLEVELAND HEIGHTS, OHIO 44118

2017 FORM 990-PF

PART X
LINES 1a, 1b, 1c, AND 1d - AVERAGE MONTHLY VALUES OF SECURITIES, CASH AND OTHER ASSETS

		TOTAL	
END OF	LINE 1a	LINE 1b	LINE 1d
MONTH	SECURITIES	CASH	1a+1b+1c
1/31/2017	1,159,337	9,286	1,168,623
2/28/2017	1,149,428	51,369	1,200,797
3/31/2017	1,157,373	54,867	1,212,240
4/30/2017	1,169,494	49,485	1,218,979
5/31/2017	1,177,968	50,184	1,228,152
6/30/2017	1,186,623	35,315	1,221,938
7/31/2017	1,199,461	44,192	1,243,653
8/31/2017	1,197,108	46,310	1,243,418
9/30/2017	1,221,606	43,870	1,265,476
10/31/2017	1,239,257	41,212	1,280,469
11/30/2017	1,266,405	46,076	1,312,481
12/31/2017	1,264,659	87,503	1,352,162
TOTALS	14,388,719	559,669	14,948,388
AVERAGE			
MONTHLY BALANCE	1,199,060	46,639	1,245,699
AVERAGE	, ,		

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	29,651. 8,940.	38,591.
REVENUE AND EXPENSES PER BOOKS	29,950. 8,940.	38,890.
DESCRIPTION	UBS FIN SVCS - DIVIDEND INCOME UBS FIN SVCS - BOND INTEREST INCOME	TOTAL

FEES
ACCOUNTING
1
H
PART
990PF,
FORM

CHARITABLE PURPOSES		
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	2,000.	2,000.
REVENUE AND EXPENSES PER BOOKS	2,000.	2,000.
DESCRIPTION	VGK FINANCIAL SERVICES LLC	TOTALS

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	12,190.	12,190.
REVENUE AND EXPENSES PER BOOKS	12,190.	12,190.
		TOTALS
	ENT FEES	
DESCRIPTION	UBS INVESTMENT	

FORM 990PF, PART I - OTHER EXPENSES

	NET	INVESTMENT	INCOME	200.	7.
REVENUE	AND	EXPENSES	PER BOOKS	200.	7.
			DESCRIPTION	IO FILING FEES	MISCELLANEOUS FEES

207.

207.

TOTALS

STOCK
CORPORATE
ı
II
PART
990PF,
FORM

	ENDING <u>FMV</u>	1,008,817.	1,008,817.
	ENDING BOOK VALUE	1,008,817.	1,008,817.
FORM 990PF, PART II - CORPORATE STOCK	DESCRIPTION	UBS FINANCIAL SERVICES	TOTALS

AM
8:56:30
/2018
4/27
6310
41152R

ATTACHMENT 6	
	FORM 990PF, PART II - CORPORATE BONDS
	FOR

DESCRIPTION

BOOK

ENDING

255,842.	255,842.
255,842.	255,842.

TOTALS

UBS FINANCIAL SERVICES

2017 FORM 990-PF

FORM 990PF, PART II - OTHER INVESTMENTS DESCRIPTION

UBS FIN SVCS-OTHER MUTUAL FDS

TOTALS

ATTACHMENT

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

INCREASE IN MARKET VALUE OF INVESTMENTS

130,837.

TOTAL

130,837.

3.0	- m	\sim 1	***	NT	_
Δ.	1I. 🔼		4 M H	: M'II	•
4 7 7		$\cdot \cdot$	****	111	_

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

DECREASE IN MARKET VALUE OF INVESTMENTS

TOTAL

ATTACHMENT 10 PAGE 28

.					
ATTACHMENT 10	EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0	0.
ATTACI	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	0.
	COMPENSATION	.0	• 0	o	0.
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/TREASURER	VICE-PRESIDENT	SECRETARY	GRAND TOTALS
FORM 990PF, PART VIII - LIST O	NAME AND ADDRESS	JAMES J. ABEL 2949 NORTH PARK BOULEVARD CLEVELAND HEIGHTS, OH 44118	SHARON R. ABEL 2949 NORTH PARK BOULEVARD CLEVELAND HEIGHTS, OH 44118	CATHERINE E. ABEL 2949 NORTH PARK BOULEVARD CLEVELAND HEIGHTS, OH 44118	

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

,	ATTACHMENT 11	ATTACHMENT 11		
NAME AND ADDRESS	TYPE OF SERVICE COMPENSA	ATION		
NONE NONE		0.		
TOTAL COMPE	NSATION	0.		