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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

F	or ca	alendar year 2017 or tax year beginning		, 2017,	and ending					, 20
		of foundation				A	Empl	oyer identifi	ication number	
	HUM	MER FAMILY FOUNDATION					26-	244840	1	
-	Numb	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	В	Telep	hone numb	er (see instructio	ns)
				Ì		1				
	606	0 PARKLAND BLVD		ł	100	1	()	-	
_	City o	r town, state or province, country, and ZIP or foreign pos	ital code			丁				
		•				C	If exer	nption applica	ation is	▶□
	CLE	VELAND, OH 44124					pendii	ig, crieck fiele	· · · · · · ·	
, G		eck all that apply Initial return	Initial return of a fo	rmer pu	blic charity	٦,	1 For	eion omanizat	tions, check here .	
ĺ		Final return	Amended return	•	•	-			tions meeting the	
\		Address change	Name change						nere and attach	
`н	Che	eck type of organization X Section 501	\	tion	ΔII	٦_		•		
ſ	$\overline{}$	Section 4947(a)(1) nonexempt charitable trust	Other taxable private f		on 04	E			n status was termin i)(1)(A), check here	
ī			unting method X Cash			٦ ₋			in a 60-month term	
	end		ther (specify)	_		ľ)(1)(B), check here	, ,
			column (d) must be on cash basi	ıs)						
	art	Analysis of Revenue and Expenses (The	(a) Revenue and			•			(d) Disburs	
_		total of amounts in columns (b), (c), and (d)	expenses per (b)	Net inves income		(c) /	Adjust Incon	ed net	for char	
		may not necessarily equal the amounts in column (a) (see instructions))	books		`		1110011		(cash bas	
_	1	Contributions, gifts, grants, etc , received (attach schedule) .	235,500							
	2	Check If the foundation is not required to attach Sch B.								
	3	Interest on savings and temporary cash investments.							ATCH 1	
	4	Dividends and interest from securities							ATCH 2	
	5a	Gross rents								
	ь	Net rental income or (loss)								
<u>a</u>	1	Net gain or (loss) from sale of assets not on line 10								
Ĭ	b	Gross sales price for all assets on line 6a								
Revenue	7	Capital gain net income (from Part IV, line 2) .			0.					
ĸ	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	ь	Less Cost of goods sold .								
	С	Gross profit or (loss) (attach schedule)						DEY	ENED	
	11	Other income (attach schedule)					<u> </u>	REC	EIVED	
_	12	Total. Add lines 1 through 11	235,500.		0.					
s	13	Compensation of officers, directors, trustees, etc	0.				121	<u>NOV_</u>	1 9 2018	9
Se	14	Other employee salanes and wages					49			<u> 1</u> ‱
ē	15	Pension plans, employee benefits					┯,	OGF	EN, UT	
X	16 a	Legal fees (attach schedule)					<u> </u>			
e	b	Accounting fees (attach schedule)								
Ę	C	Other professional fees (attach schedule)							 -	
itra	17	Interest ATCH 3							 	
nis	18	Taxes (attach schedule) (see instructions)							ļ	
Έ	19	Depreciation (attach schedule) and depletion.							 	
Ρ	20	Occupancy							ļ	
Ď	14 15 16a b c 17 18 19 20 21	Travel, conferences, and meetings							 	
a	22	Printing and publications	344.						 	
ing	23 24 25	Other expenses (attach schedule) ATCH . 4							 _	
rat	24	Total operating and administrative expenses.	344.				1			
be		Add lines 13 through 23	234,600.		 				 -	34,600.
		Contributions, gifts, grants paid	234, 944.							234,600.
_	26	Total expenses and disbursements. Add lines 24 and 25	234, 344.						 	.54,000.
	27	Subtract line 26 from line 12	556.							1
	a	Excess of revenue over expenses and disbursements	530.		0.				 	
		Net investment income (if negative, enter -0-)								
	C	Adjusted net income (if negative, enter -0-)							1	

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Part II		Delenes Charte	Attached schedules and amounts in the	Beginning of year	End	End of year		
Li	art II	Bajance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
_	1 .	·Cash - non-interest-bear	ing	401.	957	957		
	2		cash investments					
	3	Accounts receivable ▶						
		-	btful accounts ▶					
	4							
-			btful accounts ▶					
	5							
	6		officers, directors, trustees, and other					
			tach schedule) (see instructions)					
- 1	7		eceivable (attach schedule) *		*, 60,000	ATCH 5		
	1		btful accounts ▶	60,000.	60,000	60,000		
ম			e					
Assets	9		eferred charges					
As	10a		e government obligations (attach schedule).					
			stock (attach schedule)			 		
	l .	•	bonds (attach schedule)					
	11	Investments - land, buildings	s.		 	 		
	}	and equipment basis Less accumulated deprecia	ation >					
	40	(attach schedule)				 		
	12 13	Investments - mongage	loansATCH 6	743,515.	778,733	. 778,733		
	14	Land, buildings, and	b			 		
	j	equipment, basis Less accumulated deprecia	tion			'		
	15	(attach schedule))					
			completed by all filers - see the					
			age 1, item I)	803,916.	839,690	. 839,690.		
		· •	ccrued expenses			4		
S	18	• •				-		
tie						-		
ρij	20	·	rs, trustees, and other disqualified persons			-		
įä	21		tes payable (attach schedule)			-		
_	22	Other liabilities (describe	:▶)			-		
	23	Total liabilities (add has	c 17 through 22)	0.	0			
-			s 17 through 22)		<u>~</u>	╡		
Ģ			v SFAS 117, check here ▶ L			-		
ces		•	<u>-</u>					
lan	24					-{		
Ba	25	· -				-		
٦	26		······································					
٦			ot follow SFAS 117, check here ► X					
ř		and complete lines 27	-	İ		1		
ß	27		cipal, or current funds			-		
se	28	• • •	land, bldg, and equipment fund	803,916.	839,690	-		
AS	29	- ·	lated income, endowment, or other funds	803,916.	839,690			
e E	30		balances (see instructions)	003,910.	639, 690	4		
Z			net assets/fund balances (see	002 016	839,690	}		
_				803,916.	039,090	<u>-l</u>		
			nges in Net Assets or Fund Bala					
1			alances at beginning of year - Part		1	002 016		
_		-	d on prior year's return)			803,916.		
			line 27a			556.		
			· · · · · · · · · · · · · · · · · · ·			35,218.		
					Г =	839,690		
		reases not included in			5	000 000		
6	Tota	il net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b), line 30 6	839,690.		

1 11 Form 990-PF (2017)

P 3	. (a) List and de	es and Losses for Tax on Invescribe the kind(s) of property sold (for earliek warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1:	a					
	b	· · · · · · · · · · · · · · · · · · ·		ļ	 	
	<u> </u>			<u> </u>		
	d			 		
	<u> </u>	(0.5)	(g) Cost or other basis	 	(5) (2) 2 2 2 (2)	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
	1			 		
_	b			 		
	;					
	<u> </u>		 			
		chowing gain in column (h) and owned	by the foundation on 12/31/69		0 (0-1 /1)	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	Gains (Col. (h) ga (k), but not less the Losses (from col.	nan -0-) or
 a	1					
)					
C	1					
	<u>. </u>		<u> </u>	ļ		
2	Capital gain net income		ain, also enter in Part I, line 7	}]		
		(ir (ic	oss), enter -0- in Part I, line 7	2		
3		ain or (loss) as defined in sections				
	•	Part I, line 8, column (c) See ins				
			duced Tax on Net Investment I	3		
			outable amount of any year in the b	ase period	d?	Yes X No
_		n't qualify under section 4940(e)		DG 2DV 00	trice	
1_	(a)		ar, see the instructions before maki	ng any en	(d)	
Cal	Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	}	Distribution ra (col (b) divided by	
Cal	2016	11,000.	855,283.			0.012861
_	2015	245,663.	593,398.			0.413994
	2014	10,000.	1,021,189.			0.009793
	2013	212,000.	2,457,485.			0.086267
	2012	84,010.	2,592,493.			0.032405
				{		
2		d)		2	_ 	0.555320
3	•	io for the 5-year base period - divid		1		0 111064
	the number of years the	foundation has been in existence	If less than 5 years	3		0.111064
	Enter the net value of a		inam Dark V. lina E	4	!	809,477.
4	ciner the net value of ne	oncharitable-use assets for 2017 f	ion FaitA, iile 5	 		y - · · · ·
5	Multiply tipo 4 by lipo 2			5		89,904.
3	waitiply line 4 by line 5.					
6	Enter 1% of net investm	ent income (1% of Part I, line 27b).		6		
				7		89,904.
7	Aud intes 5 and 6		,			
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	tions from Part XII, line 4	t in Part VI, line 1b, and complete	that part		234,600. x rate See th

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instr	uction	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)	į		_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>0.</u>
	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 \mathcal{I} Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			'
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2, 252.			
b	Exempt foreign organizations - tax withheld at source		'	
C.	· · · · · · · · · · · · · · · · · · ·			-
ď	Backup withholding erroneously withheld		2 '	252.
7	Total credits and payments Add lines 6a through 6d		2,	232.
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		2.	252.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. Enter the amount of line 10 to be Credited to 2018 estimated tax > 2,252. Refunded > 11		~	
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1	
	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 any materials]	
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ł	
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers \$,	1	х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		İ	x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		X
_	If "Yes," has it filed a tax return on Form 990-T for this year?	5	-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	_
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	l
Ü	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		
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.			
	ОН,	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(J)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			x
	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40	1	X
	names and addresses	10	<u> </u>	

Pai	rt VII-A Statements Regarding Activities (continued)			
		Hill	Yes	No
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	11		X
12				
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	_
13	. 17/2			<u> </u>
	Website address ► N/A The books are in care of ► TERRENCE P. FERGUS Telephone no. ► 216-916	-842	0	
14	Located at \$6060 PARKLAND BLVD STE 100 CLEVELAND, OH ZIP+4 \$44124			
4-				T = T
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •	🏲	. Ш
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authorit	, ,	163	X
	over a bank, securities, or other financial account in a foreign country?	16	-lang-at-	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country	A PORT OF THE PERSON	7 7 18	17代的
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	12(4:00°)*	Yes	N-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	4,600 Falls 4,60 Ft alls	res Billion	No
1a	During the year, did the foundation (either directly or indirectly)			
	(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			1054
	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? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	7		
	the benefit or use of a disqualified person)?			
	(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			
	termination of government service, if terminating within 90 days)	10 45 E-13		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	200		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	FEM. RAL	X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c	en Pilot CR	X 22000-02-1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	7		
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No			
	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)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	115000		
	all years listed, answer "No" and attach statement - see instructions)	2b	Bernadhe, sa	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•	24 2 4 2 19 24 2 4 2 19		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	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			
	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			
	foundation had excess business holdings in 2017)	3b		<u></u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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?	4b		X

Pai	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Reg	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 (sectio	n 4945(e)) ²	Yes X N	,	ľ	}
	(2) Influer	nce the outcome of any specific public ele	ection (see section 4	1955), or to carry or),		ļ	}
	directl	y or indirectly, any voter registration drive?			Yes X N	,	İ	,
	(3) Provid	e a grant to an individual for travel, study, or o	ther similar purposes?		Yes X N	,		
	(4) Provid	e a grant to an organization other than a	charitable, etc., org	anization described ii	n			
	section	n 4945(d)(4)(A)? See instructions			Yes X N	•		·
		e for any purpose other than religious, ch					,	
	purpos	ses, or for the prevention of cruelty to children	or animals?		Yes X N	,		
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions described in	1		
	Regulation	s section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.		5b_	L	
	Organizati	ons relying on a current notice regarding disas	ster assistance, check	here	>			
С	If the ans	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the ta				
	because it	maintained expenditure responsibility for the	grant?		Yes X No	•		
	If "Yes," a	ttach the statement required by Regulations se	ection 53 4945-5(d)	,		i		
6a	Did the fo	oundation, during the year, receive any fur	ids, directly or indire	ectly, to pay premiun		ł		
	on a perso	nal benefit contract?			Yes X N	· '	<u> </u>	
b		undation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct?	. <u>6b</u>		<u> </u>
		6b, file Form 8870.						
	-	e during the tax year, was the foundation a p	•					v
		d the foundation receive any proceeds or have Information About Officers, Director					L	<u> </u>
		and Contractors						
1	List all of	ficers, directors, trustees, foundation n		(c) Compensation				
		(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expeni other al	se accou lowance	unt, es
			devoted to position	enter -0-y	and deterred compensation			
ATC	H 8			0.	0.			0.
2	Compensi "NONE."	ation of five highest-paid employees	(other than thos	e included on line	e 1 - see instructi	ons). If n	one,	enter
	NONE.		(b) Title, and average		(d) Contributions to			
(a)	Name and a	ddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
			devoted to position		compensation			
	NONE							
	NONE							
				}	ļ			
			 	·				
				}				
otal	number of	f other employees paid over \$50,000	·					
<u>- :</u>						Form 99	0-PF	(2017)

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Page 7
es,
(c) Compensation
-
Expenses
-
Amount

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five I	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		L
Fotal number	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the four	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Eventor
organization	and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A		
		<u>-</u>
2		
3		
4		-
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
		1
2		
All other pro	gram-related investments. See instructions	
3 NONE		
Fotal. Add I	nes 1 through 3	

Form 990-PF (2017)

Page 8

Pa	rt X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign fo	oundations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		•
	purpo	oses		
а	Avera	age monthly fair market value of securities	1a	
b	Avera	age of monthly cash balances	1b	679.
С	Fair	market value of all other assets (see instructions)	1c	821,125.
d	Total	(add lines 1a, b, and c)	1d	821,804.
е	Redu	ction claimed for blockage or other factors reported on lines 1a and		
	1c (a	ttach detailed explanation)		
2	Acqu	sition indebtedness applicable to line 1 assets	2_	
3	Subtr	act line 2 from line 1d	3	821,804.
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	ł	
	ınstru	ictions)	4	12,327.
5		ralue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	809,477.
6	Minin	num investment return. Enter 5% of line 5	6	40,474.
Pa	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndatio	ns
1	Mınım	num investment return from Part X, line 6	1	40,474.
2a		n investment income for 2017 from Part VI, line 5 2a		
b	Incon	ne tax for 2017 (This does not include the tax from Part VI) 2b		}
c	Add i	nes 2a and 2b	2c	
3		butable amount before adjustments Subtract line 2c from line 1	3	40,474.
4		veries of amounts treated as qualifying distributions	4	
5		nes 3 and 4	5	40,474.
6		ction from distributable amount (see instructions)	6	
7	Distri	ibutable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
		· · · · · · · · · · · · · · · · · · ·	7	40,474.
Par 1	t XII	Qualifying Distributions (see instructions)		
-		ints paid (including administrative expenses) to accomplish charitable, etc., purposes inses, contributions, gifts, etc total from Part I, column (d), line 26	1a	234,600.
	•	ram-related investments - total from Part IX-B	1b	234,000.
	_	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2		· · · · · · · · · · · · · · · · · · ·	2	
•			2	
3		unts set aside for specific charitable projects that satisfy the	2-	
a	Suitai	bility test (prior IRS approval required)	3a	
_		distribution test (attach the required schedule)	3b	234,600.
4		ying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	234,600.
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	^
•	∟nter	1% of Part I, line 27b See instructions	5	0.
6	-	sted qualifying distributions. Subtract line 5 from line 4	6	234,600.
	Note:	The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	liculat	ting whether the foundation
		qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2017)

Page 9

Pa	rt XIII Undistributed Income (see instr	uctions)			, , , , , , , , , , , , , , , , , , ,
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
-	line 7			L	40,474.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only				<u></u>
b	Total for pnor years 20_15_,20_14_,20_13_			·	
3	Excess distributions carryover, if any, to 2017				}
а	From 2012)
b	From 2013 89,773.				
c	From 2014				
d	From 2015	=			t
е	From 2016				
f	Total of lines 3a through e	305,940.			ļ
4	Qualifying distributions for 2017 from Part XII, line 4 > \$ 234,600.				
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years		l		
	(Election required - see instructions),				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount				40,474.
е	Remaining amount distributed out of corpus	194,126.			
5	Excess distributions carryover applied to 2017			 	
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	500,066.			
	Pnor years' undistributed income Subtract			-	
_	line 4b from line 2b				<u> </u>
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	į		L	
	amount - see instructions				
е	Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount - see instructions			i	
f	Undistributed income for 2017 Subtract lines	}		l	
•	4d and 5 from line 1 This amount must be				}
	distributed in 2018				
7	Amounts treated as distributions out of corpus			· I	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	ı			
	required - see instructions)				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	500,066.			
	Subtract lines 7 and 8 from line 6a			L <u> </u>	
	Analysis of line 9 Excess from 2013 89,773.				
	Excess from 2015]			
	Excess from 2014		,		
	EXC633 110111 20 10	l		· 	,
	Excess from 2016			1	
<u>e</u>	Excess from 2017 194,126.		<u> </u>	<u></u>	

Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	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		İ		
		1	_	
ATCH 9		1	1	
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	L			234 600
Total	 	· · · · ·	▶ 3a	234,600.
b Approved for future payment				
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}				
}				
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Total	• • • • • • • • • • • •	<u>.</u>	▶ 3b	
				

JSA 7E1491 1 000 Form 990-PF (2017)

Form 990-PF (2017)

Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a			,		
b			ļ		
c		<u> </u>			
d		'			
e					
<u> </u>					
g Fees and contracts from government agencies					
2 Membership dues and assessments			14		
3 Interest on savings and temporary cash investments - 4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18		
9 Net income or (loss) from special events · · ·					
OTHER INCOME			01		
1 Other revenue a OTHER INCOME			- 01		
b					
c					
d e				· · · · · · · · · · · · · · · · · · ·	
2 Subtotal Add columns (b), (d), and (e)					
Explain below how each activity accomplishment of the foundation					
					
	· · · · · · · · · · · · · · · · · ·				
					
	·				

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

In section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash. (2) Other assets. b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Renaturations, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (7) Participations, equipment, mainly lists, other assets, or paid employees. (8) Participations or sales, equipment, and in section following schedule. (9) Purchase of assets, or services given by the reporting foundation if the foundation received less than fair marks value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair marks value in any transaction or sharing arrangement, shown to column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair marks value in any transaction or sharing arrangement, shown to column (d) the value of the goods, other assets, or services received (e) Line no (e) Amount mything (e) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A Under pendies of perjur, 1 declare that I have examed this relum, incusing accompaning excluses and streament, and to the best of my knowledge due bedief, it is to content, and campital ciculations of prepare forms in largely in section of all information divided prepare for any involving a section section of prepare forms in the prepare for any involving and the propare forms in production of the propare forms involving the propare forms in the prepare forms in the prepare forms in production between the propare forms in the prepare forms in the propare forms in the propare forms in the pr																	
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described in section 501(c) (other than section 501(c)(3)) or in section 527?										l							
Linder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tructure, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE P. FERRENCE Date TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TOTAL T				-		•						-	_		一、 ,	Γ Ψ	١
(a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tructorrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERSON Signature of officer or taxtile Printful preparers name Preparer's signature Date Title Printful preparers name Preparer's signature Date Date Title Date Check If PTIN See instructions X yes Not PO0 90 90 98 33 Preparer Firm's address Prim's address Prim's address Prim's address Phone no Date Date Date Date Date Date Date Date							tion 501(c	:)(3)) or in :	section 52	27?				l	Y•	es 🔼	No
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FEB. 115 8 TREASURER May the IRS discuss this return with the preparer shown below? Signature of officer or tasties Printing preparers name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Printing preparers name WEINBERG Prim's address 6060 PARKLAND BLVD., STE 100 CLEVELAND, OH 44124 Phone no 216-916-8420	<u>b</u>	If "Yes			ng sched	lule.				—							
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE		(a) Name of organ	nization			(!	b) Type of org	anization	+		(c) Descr	iption of relations	anib			
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE																	
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE																	
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE					-+												
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE					-+				+								
Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge TERRENCE P. FERRENCE	Under	r penalties of penury.	I declare	that I have	examine	ed this return	including acc	ompanying sc	hedules and	statemen	ts, and to	the bes	t of my knowledg	e and t	selief, it	ıs true.	
TERRENCE P. FERRENCE	correc													,			
Signature of officer or todate Date Da	Sign		TERRANCE P	FER)_	<u> </u>	11,-110	,	TREA	SURE	₹					
Print the preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print Date 11/12/2018 self-employed P00909833 Preparer Firm's EIN ▶83-1721395 Jse Only Firm's address ▶ 6060 PARKLAND BLVD., STE 100 CLEVELAND, OH 44124 Phone no 216-916-8420	dere	. / '						1/12/10			OTTE	<u>`</u>		- [_
Paid PICHARD M WEINBERG 11/12/2018 self-employed P00909833 Preparer Furn's name WINBRIDGE PARTNERS, LLC Furn's EIN \$83-1721395 Jse Only Furn's address \$6060 PARKLAND BLVD., STE 100 CLEVELAND, OH 44124 Phone no 216-916-8420		5.g.	nature or onice; or or				Dat	• •		TIGO				See mstruction	<u> </u>] res [
Paid PICHARD M WEINBERG 11/12/2018 self-employed P00909833 Preparer Furn's name WINBRIDGE PARTNERS, LLC Furn's EIN \$83-1721395 Jse Only Furn's address \$6060 PARKLAND BLVD., STE 100 CLEVELAND, OH 44124 Phone no 216-916-8420			Print/De prepare	ers name			Prepare	's signature			Date			Shook Tali			
Preparer	Paid						1	11	\		1 -		- 1	,,,eck "		0983	3
Jse Only Firm's address > 6060 PARKLAND BLVD., STE 100 CLEVELAND, OH 44124 Phone no 216-916-8420	rec	arer/	/ _ /			PAR	TNERS	T.T.C	#			, = 2, 2					
CLEVELAND, OH 44124 Phone no 216-916-8420		•							0				riim's E	III - 03 I			
	<i>-</i> 36	Unity	rimi's address					,010 10	•	ΔΔ	124	ł	Ohenn:	216-9	16-8	420	
				CHB/	- TTWIAT						447	1	Phone r				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

HUMMER FAMILY FOUNDATION 26-2448401 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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)

Name of organization HUMMER FAMILY FOUNDATION

Employer identification number 26-2448401

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	LUXEMBURG CAPITAL LLC 6060 PARKLAND BLVD., SUITE 100 CLEVELAND, OH 44124	\$235,500.	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)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				

Employer identification number 26-2448401

ash Property (see instructions) Use duplicate copies	s of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) (b) Description of noncash property given	Description of noncash property given Column

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

Name of organization HUMMER FAMILY FOUNDATION

Employer identification number 26-2448401

Part III.		the year from any nons completing Par ne year (Enter this in	one contributor. One contributor. On till, enter the total formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
Part I						
		(e) Transi	er of gift	<u></u>		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf nd ZIP + 4	fer of gift Relationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
Part I						
	Transferee's name, address, at	(e) Transf	fer of gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf	Relationship of transferor to transferee			

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

MERLIN PARTNERS ENDOTRONIX

TOTAL

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

REVENUE AND **EXPENSES** PER BOOKS

DESCRIPTION

MERLIN PARTNERS

TOTAL

FORM 990PF, PART I - INTEREST EXPENSE

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

INVESTMENT INTEREST EXPENSE

TOTALS

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

DESCRIPTION MERLIN PARTNERS BANK FEES FILING FEES

PER BOOKS

144. 200.

TOTALS

344.

.

60,000.

ATTACHMENT 5

FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE

TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: ORIGINAL AMOUNT: DATE OF NOTE:	JAMES J HUMMER 2008 DYNASTY TRUST 60,000. 01/01/2016	
BEGINNING BALANCE DUE	•••••••	60,000.
ENDING BALANCE DUE		60,000.
ENDING FAIR MARKET VALUE		60,000.
TOTAL BEGINNING OTHER N	OTES AND LOANS RECEIVABLE	60,000.
TOTAL ENDING BOOK - OTH	ER NOTES AND LOANS RECEIVABLE	60,000.

9
ATTACHMENT

OTHER INVESTMENTS
1
H
PART
990PF,
FORM

	INSTITUTION
DESCRIPTION	MERLIN ENDOTRONIX ANCORA MERLIN

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157,582. 621,151.	000

778,733.

TOTALS

ATTACHMENT 6

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26-2448401

ATTACHMENT 7

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

DESCRIPTION

AMOUNT

UNREALIZED LOSS - K-1

35,218.

TOTAL

35,218.

2017 FORM 990-PF

ထ ATTACHMENT

> AND TRUSTEES - LIST OF OFFICERS, DIRECTORS, FORM 990PF, PART VIII

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

PRESIDENT/SECRETARY

6060 PARKLAND BLVD., SUITE 100

JAMES J. HUMMER

CLEVELAND, OH 44124

CONTRIBUTIONS TO EMPLOYEE

EXPENSE ACCT ALLOWANCES AND OTHER

9

BENEFIT PLANS

COMPENSATION

GRAND TOTALS

VICE PRESIDENT/TREASURER

6060 PARKLAND BLVD., SUITE 100

TERRANCE P. FERGUS

CLEVELAND, OH 44124

ATTACHMENT 8

26-2448401

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CONTRIBUTION
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ATTACHMENT 9

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		.7
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JULIE BILLIART SCHOOL 4982 CLUBSIDE RD. LYNDHURST, OH 44124	NOT RELATED PC	GENERAL SUPPORT	25,000.
UNITING JESUIT FRONTIERS 1120 CHESTER AVENDE, SUITE 470 CLEVELAND, OH 44114	NOT RELATED PC	GENERAL SUPPORT	5,000.
HARVARD BUSINESS SCHOOL HARVARD BUSINESS SCHOOL BOSTON, MA 02163	NOT RELATED PC	GENERAL SUPPORT	200,000.
ST IGNATIUS HIGH SCHOOL 1911 WEST 30TH STREET CLEVELAND, OH 44113	NOT RELATED PC	GENERAL SUPPORT	2,000.
ARCHANGEL CRUSADE OF LOVE 32615 HIDDEN TREE CIRCLE NORTH RIDGEVILLE, OH 44039	NOT RELATED	GENERAL SUPPORT	2,100.
LIFE ACT 210 BELL STREET CHAGRIN FALLS, OH 44022	NOT RELATED PC	GENERAL SUPPORT	500.

TOTAL CONTRIBUTIONS PAID

234,600.

ATTACHMENT 9