Form 990-PF

Internal Revenue Service

Department of the Treasury

Return of Private Foundation

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

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. OMB No 1545-0052

Open to Public Inspection

Form **990-PF** (2017)

2017, and ending For calendar year 2017 or tax year beginning A Employer identification number Name of foundation VER-A-FAST BY THE HAND FOUNDATION 34-1634929 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 300 440-331-0250 20545 CENTER RIDGE ROAD City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. ROCKY RIVER, OH 44116 Initial return Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here. Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization. X Section 501(c)(3) exempt private foundation E if private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method | X | Cash If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), line under section 507(b)(1)(B), check here . 573,860.61 (Part I, column (d) must be on cash basis) 16) **► \$** (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net for charitable (b) Net investment total of amounts in columns (b), (c), and (d) expenses per income income purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 386,207.49 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to L Wig Interest on savings and temporary cash investments. 1,534.23 1,534.23 1,534.23 Dividends and interest from securities - 公議令》 h Net rental income or (loss) 0.00 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 16,269.39 Capital gain net income (from Part IV, line 2) . ∴AUG:**U** Net short-term capital gain. Income modifications Gross sales less returns and allowances . . . 10 a 7 Less Cost of goods sold . 統領の行うなどの意思 Gross profit or (loss) (attach schedule) . . . **"你们是我们的** Other income (attach schedule) 11 387,741.72 12,766.06 1,534.23 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc . . . Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) 16 a Accounting fees (attach schedule) dministrative c Other professional fees (attach schedule). . . 17 117.38 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings and Printing and publications 22 Operating Other expenses (attach schedule) 23 Total operating and administrative expenses. 24 117.38 Add lines 13 through 23. 51,377.70 25 Contributions, gifts, grants paid 51,495.08 51 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements . 336,246.64 12,766.06 b Net investment income (If negative, enter -0-) c Adjusted net income (if negative, enter -0-). 1,534.23

Ð	art II	Ralanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		of year
_	artii	Dalatice Silects	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ĺ	1	Cash - non-interest-beari	ing	122,306.28	80,392.69	80,392.69
	2	Savings and temporary	cash investments			
	3	Accounts receivable ▶				
i			btful accounts ▶			
					The second of th	
			btful accounts ▶			
-						
ı	-		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
			eceivable (attach schedule)			
			btful accounts ▶			
δi	8		e			
ssets	-	· · · · · · · · · · · · · · · · · · ·	eferred charges	· · · · · · · · · · · · · · · · · · ·		
AS		-	e government obligations (attach schedule).	L.		
,	b	Investments - cornerate	stock (attach schedule)	101,622.00	493,467,92	493,467,92
			bonds (attach schedule)		······································	
	11	Investments - land, buildings	B,	y	- · · · · · is	- The state of the
		and equipment basis Less accumulated deprecia	ation >		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		(attach schedule)	<u> </u>			
			loans	1		
		Land, buildings, and				
		equipment basis Less accumulated deprecia	ution	a 1, 1, 14-	. ' ` `	
		(attach schedule)				
		Other assets (describe	completed by all filers - see the			
ľ			age 1, item I)		573,860.61	573,860.61
-					373,000.01	3737000.01
			ccrued expenses			1 30年(1957年)(1967年)
,,						
ĕ						
Liabilities	20	·	ors, trustees, and other disqualified persons	[
폗.		5 5	tes payable (attach schedule)			
-	22	Other liabilities (describe	e►)			
Į	23	Tatal liabilities /add ima	a 47 through 22)			
\dashv			es 17 through 22)		<u> </u>	与《特别》等《新 发 》
Ś			v SFAS 117, check here ▶ through 26, and lines 30 and 31.			
2		•	• .			عِ أَنْجُوبِاً عَلَيْهِ عَامُ هُونِهِ أَنِي وَالْمُعْمِ اللَّيْمِ وَالْمُعْمِ اللَّهِ وَمُوا
a	24					
Ba	25				<u> </u>	
힏						
5			ot follow SFAS 117, check here			
5		and complete lines 27		223,928.28	573,860.61	
S	27	•	cipal, or current funds	223,920.20	3/3,000.01	1
sel	28	•	land, bidg , and equipment fund	-		
As	29	-	ulated income, endowment, or other funds	222 020 20	572 000 61	
et	30		I balances (see instructions)	223,928.28	573,860.61	1 1 2 2 1 1 2 2 2 2 2 2 2
Z			net assets/fund balances (see	202 000 00	E72 000 01	
ᆜ			N. A. A. a. A. a. B. D.	223,928.28	573,860.61	
			nges in Net Assets or Fund Bala		/m.v.ak a a na akb	
1			alances at beginning of year - Part			222 020 20
_			d on prior year's return)			223, 928.28
			line 27a			336, 246.64
			ded in line 2 (itemize) ► SEE_ATTA		3_	13, 685.69
						573,860.61
5		reases not included in			5	F72 000 61
6	Tota	il net assets or fund b	alances at end of year (line 4 minus	s line 5) - Part II, column	(b), line 30 6_	573, 860.61
						Form 990-PF (2017)

	and Losses for Tax on Inve		(b) How	1	(4) 5
• •	ck warehouse, or common stock, 200 s	hs MI C Co)	àcquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a QOVRO INC Securit	У		P	1-17-14	2-8-17
b				ļ	
<u> </u>				 	
<u>d</u>				 	
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	(22)
(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) min	
a 16,269.39	0.00	5,037.56			11,231.83
<u>c</u>			· · · · · · · · · · · · · · · · · · ·		
<u>d</u>			· · · · · · ·		
e Complete only for assets sh	owing gain in column (h) and owned l	by the foundation on 12/31/69		Gains (Col (h) g	ain willing
	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) or
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	ol (h))
a					11,231.83
<u>b</u>					
<u>C</u>					
d e					
		ın, also enter ın Part I, line 7			
2 Capital gain net income of		ss), enter -0- in Part I, line 7	2		11,231.83
	in or (loss) as defined in sections				
<u> </u>	irt I, line 8, column (c) See inst	•			
	ndor Section 4940(a) for Ped	luced Tax on Net Investment Ir	COMP		
	he section 4942 tax on the distribition to the distribition of the distribition to the distribution to the distribution and the distribution and the distribution are distributed by the distribution and the distribution are distributed by the distribution and the distribution are distributed by the distribution are di	utable amount of any year in the ba	ase perio	od?	Yes X No
		r, see the instructions before making	ng any e	ntries	
(a)	(b)	(c)		(d) Distribution r	atio
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	y col (c))
2016	11,686.75	218,914.20		-	0.0534
2015	38,159.72	255,757.65		·	0.1492
2014	16,188.50 10,260.50	283,321.84 264,284.65		·	0.0371
2012	11,820.00	229,308.98	·		0.0515
2 Total of line 1, column (d)		2		0.3500
3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5 0, or by			0.700
the number of years the f	oundation has been in existence i	f less than 5 years	3		0.0700
4 Futuatha matamban af ma		Dad V. Ing C		3	92,911.03
4 Enter the net value of no	nonaritable-use assets for 2017 fr	om Part X, line 5	4		52,511.00
5 Multiply line 4 by line 3.			5		27,503.77
The managing mile of the mile of	• • • • • • • • • • • • • • • • • • • •				
6 Enter 1% of net investme	ent income (1% of Part I, line 27b).		6		127.66
					07 621 42
7 Add lines 5 and 6			7		27,631.43
Cotor qualifican distribut.	nne from Dest VII des 4		8		51,377.70
8 Enter qualifying distribution of given the second of given Part VI instructions	ons from Part XII, line 4 reater than line 7, check the box	ın Part VI, line 1b, and complete	that pa	rt using a 1% t	tax rate See th

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stru	etions	age <u>4</u>
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	127.	66
•	Yes	No
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Pai	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			•
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			· ·.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<del></del>	127	. 66
	here Part I, line 27b		# <i>?</i> \$2, 44.1	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	,,,,,		<u>.</u> * .
	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		127	. 66
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		127	. 66
6	Credits/Payments			` <u>.</u> ;
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	- ~1 		٠, ا
þ	Exempt foreign organizations - tax withheld at source			- 8
C	Tax paid with application for extension of time to file (Form 8868).			福富
d	Backup withholding erroneously withheld			, '
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		127	<u>. 66</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities	<del></del>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		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	) !		}
	instructions for the definition	1b		X
	If the answer is "Yes" to ${f 1a}$ or ${f 1b}$ , attach a detailed description of the activities and copies of any materials	1 .5.		
	published or distributed by the foundation in connection with the activities	\~; ² ``\$_	L. 1 3 1 1 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$	-	1 / 1	(
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		,	1. 1.
	on foundation managers   \$	- (***	7,50	Tel. 7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	تر بر نسد	X
	If "Yes," attach a detailed description of the activities		- 21-12	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		医芒氏	7. J. 3.
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	ļ	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<del> -,-</del> -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<del> </del>	X
	If "Yes," attach the statement required by General Instruction T	\ \ ¹ .		1, 25,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1:		
	By language in the governing instrument, or			1.50
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		3 's-	1 -37
	conflict with the state law remain in the governing instrument?	6_	X	<del> </del>
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.			`
		<b>-</b> }-	75	
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1000
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<del> </del>
^	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	1 ` ′
9		1		1
9	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If 'Yes,'		}	•
9	complete Part XIV	9		X
10		9		X

Par	t VII-A Statements Regarding Activities (continued)	10.		
			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	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	
	Website address			
14	The books are in care of ► CATHLEEN SOPRANO Telephone no ► 440-331-		)	
	Located at ► 25045 CENTER RIDGE ROAD #300 ROCKY RIVER OH ZIP+4 ► 44116-3	123		т-т
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		120	<del></del>
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Χ
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country		ار حست	L
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	AI.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	165	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		1	
		ļ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	,	F :	
	disqualified persons.		; ~	
	(b) I difficult goods, selvices, or rubilities to (or docept their from) a disquarities person.		.)	
	(4) Lay compensation to, or pay or reimbarde the expenses of, a disquarities person.			
	(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)?	1	ris.	ĺ.
	· · · · ·	-		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		ıllı ,	
	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)			
<b>h</b>	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	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		119	
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		Г	11
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		11	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		17	
	6e, Part XIII) for tax year(s) beginning before 2017?			,
	If "Yes," list the years	12.50	ext ²	
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			ļ.,,,,,
	all years listed, answer "No" and attach statement - see instructions )	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		gii	
	<b>&gt;</b>			
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	C.	di.	
	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	-	+
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	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?	<u> </u>		X
	F	om 9	90-PI	- (201

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continu	ed)		
5a	During the year, did the foundation pay or incur any am-	ount to			-	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes X	No 🗔	e = 1 1 1 1 1	. Fig. 5
	(2) Influence the outcome of any specific public eli	= -			_   <i>'</i>		
	directly or indirectly, any voter registration drive?			Yes X	No '		ء ر ت
	(3) Provide a grant to an individual for travel, study, or o			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No E	χ,	
	(4) Provide a grant to an organization other than a						,
	section 4945(d)(4)(A)? See instructions	=		[ - · · ]	No /		<u></u>
	(5) Provide for any purpose other than religious, cl			•	J  .		
	purposes, or for the prevention of cruelty to children				No S		
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
-	Regulations section 53 4945 or in a current notice regain					ъ 1	
	Organizations relying on a current notice regarding disa				· · · · — —		4.2
_	If the answer is "Yes" to question 5a(4), does the				• -	1.	
·	because it maintained expenditure responsibility for the		•		] No	1 32	
	•	-			ن ۱۰۰		15.55
	If "Yes," attach the statement required by Regulations s	, ,	aathi ta may meamyyn	••	[.		1.7
6a	Did the foundation, during the year, receive any fur			Yes X		S. O. Jan.	الأعوال
	on a personal benefit contract?				_ر ار.		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict / ,		5 <b>b</b>	X \$1.29 4.20
_	If "Yes" to 6b, file Form 8870		to the state of the A		No	· * * :- · · ·	1.5
7a	At any time during the tax year, was the foundation a p			• 📖 🗀		`	1500
b	If "Yes," did the foundation receive any proceeds or ha Information About Officers, Directo					<u>'b  </u>	—
Par	Information About Officers, Directo and Contractors	rs, Trustees, rot	alion Managers	s, riigiliy ralu	Lilipioyee	s, 	
1	List all officers, directors, trustees, foundation r	nanagers and their					
		(b) Title, and average	(c) Compensation	(d) Contributions t		pense acc	ount
	(a) Name and address	hours per week	(If not paid,	employee benefit pla	aris I table		
יות מי		devoted to position	enter -0-)	and deferred compens	aris I table	r all owan	
	ILEEN SOPRANO	TRUSTEE	enter -0-)	and deferred compens	sation othe	r all owan	ces
0545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116	TRUSTEE	(If not paid, enter -0-)	and deferred compens	aris I table	r all owan	
0545 ROBE	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN	TRUSTEE  1 TRUSTEE	enter -0-)	and deferred compens	othe	er all owan	0.00
20545 ROBE 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116	TRUSTEE  1 TRUSTEE  1	enter -0-)	and deferred compens	sation othe	er all owan	ces
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20545 ROBE 20545 CARC	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116	TRUSTEE  1 TRUSTEE  1	enter -0-)	ond deferred compens	othe	er all owand	0.00
20545 ROBE 20545 CARC	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER	TRUSTEE  1 TRUSTEE  1 TRUSTEE	0.00	ond deferred compens	00	er all owand	0.00
20545 ROBE 20545 CARC	ELEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 TRUSTEE	0.00 0.00	0.	00	er all owand	0.00
20545 ROBE 20545 CARC 20545	ELEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116 COMPENSATION OF five highest-paid employees	TRUSTEE  1 TRUSTEE  1 TRUSTEE  1 TRUSTEE	0.00 0.00	0.	00	er all owand	0.00
20545 ROBE 20545 CARC 20545	ELEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those	0.00 0.00	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	00 00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 ROBE 20545 CARC 20545	ELEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116 COMPENSATION OF five highest-paid employees	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	er all owand	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those)	0.00 0.00 0.00	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 ROBE 20545 CARC 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
20545 CARC 20545 20545 20545	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
2 (a)	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
2 (a)	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 (other than those) (b) Title, and average hours per week	0.00 0.00 0.00	0. 0. (d) Contributions employee benef	00 00 ructions). I	f none,	0.00 0.00 0.00 enter
2 (a)	LEEN SOPRANO CENTER RIDGE RD ROCKY RIVER OH 44116 ERT BENSMAN CENTER RIDGE RD ROCKY RIVER OH 44116 DLE TANNER CENER RIDGE RD ROCKY RIVER OH 44116  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  TRUSTEE  TRUSTEE  (other than those hours per week devoted to position	enter -0-)  0.00  0.00  0.00  ce included on line  (c) Compensation	and deferred compens  O.  O.  O.  O.  O.  (d) Contributions employee bener plans and deferred compensation	other	f none,	0.00 0.00 0.00 enter

Form **990-PF** (2017)

All other program-related investments. See instructions

Total. Add lines 1 through 3.

Pa	rt X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1,3,7	
	purp	OSes		
а		age monthly fair market value of securities	1a	297,544.96
b		age of monthly cash balances	1b	101,349.49
C	Fair	market value of all other assets (see instructions)	1c	0.00
d		I (add lines 1a, b, and c)	1d	398,894.45
е		action claimed for blockage or other factors reported on lines 1a and		
	1¢ (a	attach detailed explanation)		
2		usition indebtedness applicable to line 1 assets	2	
3	Sub	tract line 2 from line 1d	3	398,894.45
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		uctions)	4	5,983.42
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	392,911.03
6	<u>M</u> ini	mum investment return. Enter 5% of line 5	6	19,645.55
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)	ndation	es .
1	Mini	num investment return from Part X, line 6	1	19,645.55
2 a		on investment income for 2017 from Part VI, line 5		
b	Inco	me tax for 2017 (This does not include the tax from Part VI) 2b	1	
c		lines 2a and 2b	2c	127.66
3		ibutable amount before adjustments Subtract line 2c from line 1	3	19,517.89
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	19,517.89
6		uction from distributable amount (see instructions)	6	
7		ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
		1	7	19,517.89
	rt XII	Qualifying Distributions (see instructions)	िस	
1		unts paid (including administrative expenses) to accomplish charitable, etc., purposes enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,377.70
-		ram-related investments - total from Part IX-B	1b	34,317.10
b		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2	purp	oses	2	
3		unts set aside for specific charitable projects that satisfy the	-	
а	Suita	ability test (prior IRS approval required)	3a	
þ		n distribution test (attach the required schedule)	3b	
4		ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	51,377.70
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Ente	r 1% of Part I, line 27b See instructions	5	127.66
6	Adju	sted qualifying distributions. Subtract line 5 from line 4	6	51,250.04
	Note	e: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculati	ing whether the foundation
		qualifies for the section 4940(e) reduction of tax in those years		

	Irt XIII Undistributed Income (see inst	ructions)			Page 9
	, onalstribated mostle (occ mot	(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	0	Years prior to 2016	2016	2017
	line 7	<del></del>	<u></u>	4.	19,517.89
2	Undistributed income, if any, as of the end of 2017				
	Enter amount for 2016 only	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
b	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2017	, ,			
	From 2012				
	From 2013				3,1
	From 2014				
	From 2015	, ,			
	From 2016	21 427 00			
	Total of lines 3a through e	31,437.29	775.	7- 7- 7-	*
4	Qualifying distributions for 2017 from Part XII,		1 m. 12 m. 1 m.	The state of	
	line 4 ▶ \$ 51,377.70				· 10 1 1 - 6
а	Applied to 2016, but not more than line 2a	1	<del> </del>	· · · · · · · · · · · · · · · · · · ·	~ * * * *
b	Applied to undistributed income of prior years (Election required - see instructions)				
_	Treated as distributions out of corpus (Election		·		
·	required - see instructions)				1
d	Applied to 2017 distributable amount			[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	19,517.89
	Remaining amount distributed out of corpus	31,859.81		<b>多数的人对抗性</b>	
	Excess distributions carryover applied to 2017	0.00	The state of the s		
	(if an amount appears in column (d), the same			- C - T - C - T - V - V - V - V - V - V - V - V - V	是 " " " " "
6	amount must be shown in column (a) ) Enter the net total of each column as	(5.3) (5.5%) A			
٠	indicated below:			Control of the second second	The state of the state of
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	63,297.10			· 1000 1000 1000 1000 1000 1000 1000 10
ь	Prior years' undistributed income Subtract				
	line 4b from line 2b,				The street of the street
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)		ł		
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions			· · · · · · · · · · · · · · · · · · ·	1365
•	4a from line 2a Taxable amount - see instructions	3. 332.3336			
	Hadanahada ayan C. OOAT O. M. A. I.	1 3 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- \$ \$, 2 ° \$ - \$ 5.	
T	Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018	- a , , , , , , , , , , , , , , , , , ,		The same of the sa	32 3 2 30 3 2 3
7	Amounts treated as distributions out of corpus			Something the	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	0.00	1,4		The state of the s
٥	Excess distributions carryover to 2018.		,-,-	Control of the second	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
3	Subtract lines 7 and 8 from line 6a	63,297.10			
10	Analysis of line 9				1. 1. 1. 1. 1. 1.
	Excess from 2013 2,722.00		1	1 , , ,	
	Excess from 2014 2,043.21				
	Excess from 2015 25, 558 . 40	,	,	1.	
	Excess from 2016				
	Excess from 2017 31, 959.81	,			
<u>`</u>				<del></del>	Form 990-PF (2017)

Form **990-PF** (2017)

JSA 7E1490 1 000

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, quest	on 9)	
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the ruling	g is effective for 2017, e	nter the date of the ruling		▶	· 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942(j)	(3) or 4942(J)(5)
2 2	Pater the January of the ed	Tax year		Prior 3 years		(e) Total
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(0) 10(2)
	or the minimum investment		1			
	return from Part X for each year listed					
b	85% of line 2a					
·	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not			/	<del>/</del>	
	used directly for active conduct					
_	of exempt activities			//		
e	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c	- ·		<del>                                     </del>		
•	alternative test relied upon					
а	"Assets" alternative test - enter			/		
	(1) Value of all assets		<del>/</del>			
	(2) Value of assets qualifying under section					
_	4942(j)(3)(B)(i)		/			
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X.					
	line 6 for each year listed	ļ		ļ	<del> </del>	
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income	]				
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)				<u> </u>	
	(3) Largest amount of sup-					
	port from an exempt organization	(			<u> </u>	ļ
	(4) Gross investment income.			<u> </u>	<u> </u>	<u> </u>
Pa				only if the founda	ition had \$5,000 o	r more in assets at
		uring the year - see				
	Information Regardin					
а	List any managers of	the foundation who h	nave contributed mor	re than 2% of the tot	al contributions received	ved by the foundation
	before the close of any	tax year (but only if tr	ey nave contributed i	more than \$5,000) (3	see section 50 F(d)(2) )	
N/I					·	
b	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) of	which the foundation	n has a 10% or greate	r interest	
N/1	<u> </u>					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsl	hip, etc., Programs:		
	Check here ▶ If t	he foundation only	makes contributions	to preselected chair	ritable organizations	and does not accept
				ants, etc., to individua	als or organizations u	nder other conditions,
	complete items 2a, b,	•			·	
а	The name, address, a	nd telephone number	or email address of t	he person to whom ap	plications should be ad	dressed
	THY SOPRANO 205					31-0250
b	The form in which app	lications should be sul	omitted and informati	on and materials they	should include	
LE'	TTER DESCRIBING	ORGANIZATION'S	CHARITABLE P	URPOSE		
C	Any submission deadli	nes				
NOI						
d	Any restrictions or li	mitations on awards	, such as by geogr	aphical areas, charit	able fields, kinds of	institutions, or other
	factors					
NOI	NE					

3 Grants and Contributions Paid Durin	ng the Year or Appr	g the Year or Approved for Future Payment  If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Foundation Purpose of grant or contribution  Purpose of grant or contribution					
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	711104111			
a Paid during the year							
SEE ATTACHED SCHEDULE				51,377.70			
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		]					
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		]					
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			▶ 3a	51,377.70			
<b>b</b> Approved for future payment							
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	L	L		ļ			

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•				<del> </del>		1000 1110110 7
_						
				ļ <u>.</u>		
d						
_				<del> </del>	<del></del>	
f				<del>                                     </del>		
=	and contracts from government agencies					<del></del>
	ship dues and assessments	<del></del>				
	Is and interest from securities			14	1,534.23	a salahan
5 Net renta	al income or (loss) from real estate	, , ,	., -, -, -, -, -, -, -, -, -, -, -, -, -,	J. 7. 16		
a Debt-	-financed property	<del></del>		<del> </del>		
	lebt-financed property		<del></del>	<del> </del>	<del> </del>	
	I income or (loss) from personal property			<u> </u>		
	vestment income			14	11,231.83	
•	oss) from sales of assets other than inventory me or (loss) from special events · · ·					<del> </del>
	rofit or (loss) from sales of inventory.					
	venue a					
b			<del> </del>	ļ		
			<u></u>	<del> </del>	<u> </u>	
				<del> </del>		
e	Add columns (b), (d), and (e)	=			12,766.06	
	dd line 12, columns (b), (d), and (e)					12,766.06
	neet in line 13 instructions to verify calci	ulations)				
Part XVI-	B Relationship of Activities	s to the A	ccomplishment of Ex	kempt Pur	poses	
Line No.	Explain below how each activit	y for whicl	h income is reported i	n column (	e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	g funds for such purpose	es) (See instructions)
						<del></del>
	<del></del>					
		-	<del></del>		<del></del>	
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	· · · · · · · · · · · · · · · · · · ·					
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				····	<del></del>	
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Part	XVII	Information R Exempt Organ		ransfers to and	Transactio	ons an	d Relations	hips With	Nonchar	itable	)
I	n sec	organization direct tion 501(c) (other cations?	•		-				la la	Yes	No
	Ψ,	ers from the reporting	g foundation t	o a noncharitable ex	empt organ	ization of	F			1	
(	1) Cas	h							1 <u>a(1</u>	<u> </u>	X
b C	Other t	er assets ransactions							1	3- 1	X
		es of assets to a no									X
		chases of assets fro									X
		ntal of facilities, equi mbursement arrange									X
		ins or loan guarantee									X
		formance of service									X
		of facilities, equipn								1	X
		answer to any of th									
		f the goods, other									
		any transaction or									
(a) Line	e no	(b) Amount involved	(c) Name of	noncharitable exempt org	anization	(d) De	scription of transfe	ers, transactions	and shanng an	rangem	ents
	<del>-  </del>	<del> </del>		<del></del>							<del></del>
								<del></del>			
				- <del></del> -							
						<del></del>					
								<del></del>			
		<del></del>						<del></del>			
		·						<del></del>			
d	lescrib	foundation directly ed in section 501(c) complete the follo	(other than se				re tax-exempt	organizatio	ns	Yes [	X No
		(a) Name of organization		(b) Type of	organization		(	c) Description (	of relationship		
							<del> </del>				
						<del></del>					
		<del></del>									
		penalties of penjury, I declar, and complete Declaration of						the best of m	y knowledge and	belief,	it is true,
Sign		MARON	Locan	1/8///	8	1/1	rustil.		y the IRS disc		
Here	Sign	ature of officer or trustee	My yeur	Date Date	υ	Title		See		X Yes	
	١	Print/Type preparer's na	me	Preparer's signature	e	1	Date	Check	If PTIN		
Paid		ANN MARIE HA		Com Ma	w Al	when	7.20.	/8 self-em	'"  <i>&gt;</i> (	273	181
Prepa	arer			WKINS & CO LT	rD			Firm's EIN	34-117	7799	0
Use (	Only				JITE 400				<del></del>		
			EVELAND,					Phone no	216-86	51-1	365_

### 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

VER-A-FAST BY THE		34-1	634929			
Organization type (check of	ne)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not tre	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
Check if your organization	s covered by the General Rule or a Special Rule.					
• •	(7), (8), or (10) organization can check boxes for both the	General Rule and a Special I	Rule See			
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, duri y or property) from any one contributor. Complete Parts I contributions					
Special Rules						
regulations under 13, 16a, or 16b,	on described in section 501(c)(3) filing Form 990 or 990- sections 509(a)(1) and 170(b)(1)(A)(vi), that checked So and that received from any one contributor, during the yea of the amount on (i) Form 990, Part VIII, line 1h, or (ii) F	chedule A (Form 990 or 990- ar, total contributions of the	EZ), Part II, line greater of (1)			
contributor, durir	on described in section 501(c)(7), (8), or (10) filing Form g the year, total contributions of more than \$1,000 exclusional purposes, or for the prevention of cruelty to children	sively for religious, charitable	e, scientific,			
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form g the year, contributions exclusively for religious, charitabled more than \$1,000. If this box is checked, enter here to an exclusively religious, charitable, etc., purpose. Don't clies to this organization because it received nonexclusively remore during the year	ole, etc, purposes, but no su the total contributions that w complete any of the parts ur y religious, charitable, etc,	ich were received nless the contributions			
	at isn't covered by the General Rule and/or the Special Files answer "No" on Part IV, line 2, of its Form 990, or cl					

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

VER-A-FAST BY THE HAND FOUNDATION

Employer identification number 34-1634929

VER-A	-FAST BI THE HAND FOUNDATION		34-1034929
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATHLEEN SOPRANO  3748 GREENBRIAR CIRCLE  WESTLAKE, OH 44145	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT M. BENSMAN  27308 LAKE ROAD  BAY VILLAGE, OH 44140	\$\$ 333,876.45	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CATHLEEN SOPRANO  3748 GREENBRIAR CIRCLE  WESTLAKE, OH 44145	\$ 10,070.04	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contri bution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)

VER-A-FAST BY THE HAND FOUNDATION

Employer identification number

34-1634929

Partii	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional space is nee	eueu
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,000 SHARES OF ICHOR HOLDINGS SHS		
		\$\$	12/22/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d <b>)</b> Date received
2	20,000 SHARES OF READING INTL INC		
		\$\$	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	186 SHARES OF REALTY INCOME CORP		
		<u> </u>	5/23/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d <b>)</b> Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number Name of organization 34-1634929 VER-A-FAST BY THE HAND FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) ▶\$__ Use duplicate copies of Part III if additional space is needed (d) Description of how gift is held from Part I (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 2, Part II, Line 10b - Investments - Corporate Stock

Name of Security	Cost Basis	Fair Market Value	Unrealized Gain/(Loss)
AERCAP HOLDINGS NV SHS EUR			
Acquired 04/20/2015	23,505.25	26,305.00	2,799.75
ESSENTIAL ENERGY SVCS LTD CAD			
Acquired 06/1/2012	22,577.37	5,590.00	(16,987.37)
GYRODYNE LLC			
Acquired 10/12/2015	2,714.91	1,876.50	(838.41)
Acquired 10/12/2015	1,571.42	1,086.14	(485.28)
Acquired 10/21/2015	77.92	53.86	(24.06)
ID SYSTEMS INC			
Acquired 03/01/2013	16,798.21	18,973.96	2,175.75
Acquired 03/04/2013	1,711.48	1,846.04	134.56
QORVO INC			
Acquired 01/17/2014	10,075.12	33,300.00	23,224.88
PLAINS ALL AMER PIPELINE LP			
Acquired 06/11/2015	22,605.25	10,320.00	(12,285.25)
ABBVIE INC COM			
Acquired 7/2/2001	2,444.52	9,671.00	7,226.48
AXCELIS TECHNOLOGIES INC COM			
Acquired 5/7/2014	3,124.04	13,718.60	10,594.56
Acquired 6/16/2014	407.02	1,521.10	1,114.08
ICHOR HOLDINGS SHS			
Acquired 12/7/2017	25,252.13	24,600.00	(652.13)
READING INTL INC NON VTG CL A			
Acquired 8/13/2012	114,002.10	334,000.00	219,997.90
REALTY INCOME CORP MD SBI			
Acquired 11/19/2003	3,066.94	10,605.72	7,538.78
Total	249,933.68	493,467.92	243,534.24

### Page 2, Part III, Line 3 - Other Increase

Book To Tax Gain (Books Kept at Fair Market Value) Unrealized Gain on Investments

13,685.69

Total

13,685.69

# Page 1, Part I, Line 18 - Taxes

Туре		Cost	
Federal		17.38	
State		100.00	
		\ <u>-</u>	
Total		117.38	

Page 11, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Individual	Foundation Status of		
Recipient	Relationship	Recipient	Purpose of Grant or Contribution	Amount
AMERICARES 88 Hamilton Ave, Stamford, CT 06902	None	501(c)(3)	Providing emergency disaster response and healthcare	100 00
CATHOLIC CHARITIES 2050 Ballenger Ave, Suite 400 Alexandria, VA 22314	None	501(c)(3)	Assistance to the underprivileged	50.00
UNITED CEREBRAL PALSY 10011 Euclid Ave Cleveland, OH 44106	None	501(c)(3)	Advance individuals with Cerebral Palsy	32,212 70
AUTISM SOCIETY OF GREATER CLEVE P O Box 41066, Brecksville, OH, 44141	None	501(c)(3)	Advance individuals with Autism	100.00
PANCAN 1500 Rosecrans Ave, Ste 200 Manhattan Beach, CA 90266	None	501(c)(3)	Pancreatic Cancer research and support	700 00
THE CITY MISSION 5310 Carnegie Ave Cleveland, OH 44103	None	501(c)(3)	Assistance to the underprivileged	600.00
CLEVELAND FOOD BANK 15500 South Waterloo Cleveland, OH 44110	None	501(c)(3)	Assistance to the underprivileged	1,300.00
FOOD FOR THE POOR 6401 Lyons Rd Coconut Creek, FL 33073	None	501(c)(3)	Assistance to the underprivileged	940 00
BEST FRIENDS ANIMAL SOCIETY 5001 Angel Canyon Road Kanab, UT 84741	None	501(c)(3)	Animal Rescue	1,180.00
ST JUDE CHILDREN'S HOSPITAL 262 Danny Thomas Place Memphis, TN 38105	None	501(c)(3)	Medical research and support for children	600 00
GEAUGA HUMANE SOCIETY 15463 Chillicathe Rd Russell Twp, OH 44072	None	501(c)(3)	Animal Rescue	720 00
EL PUENTE 211 South 4th Street, Brooklyn, NY 11211	None	501(c)(3)	Educational	500.00
FAMILY MINISTRY CENTER 3389 Fulton Rd, Cleveland, OH 44109	None	501(c)(3)	Assistance to the underprivileged	2,000 00
FIRST CONGREGATIONAL UCC-N RIDGEVILLE 36363 Center Ridge Rd, North Ridgeville, OH 44039	None	501(c)(3)	Assistance to the underprivileged	100 00
FOOTPATH FOUNDATION Cleveland, OH	None	501(c)(3)	Advance children through the outdoors	500.00
HOSPICE OF THE WESTERN RESERVE 17876 St Clair Ave, Cleveland, OH 44110	None	501(c)(3)	Provide services to at risk children and families	1,000 00
JULIE BILLIART SCHOOL 4982 Clubside Rd, Lyndhurst, OH 44124	None	501(c)(3)	Nuture and empower students with special learning needs	2,000 00
MINDS MATTER	None	501(c)(3)	Prepare low-income students	500 00

### Page 11, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Individual	Foundation Status of		
Recipient	Relationship	Recipient	Purpose of Grant or Contribution	Amount
P O Box 14219, Cleveland, OH 44114			for college success	
NATIONAL CHILD SAFETY COUNCIL	None	501(c)(3)	Reduce the number of children	75 00
P O Box 1368, Jackson, MI 49204-1368	None	301(0)(3)	dying from accidents	72 00
NORTH OLMSTED OXCART PANTRY	None	Charitable	Provide food assistance to	400.00
26272 Butternut Ridge Rd, North Olmsted, OH 44070			those in need	
NOTRE DAME COLLEGE	None	Charitable	Educational	2,500 00
4545 College Rd, South Euclid, OH 44121				
ST EDWARD HS ANNUAL FUND	None	501(c)(3)	Educational	1,000 00
13500 Detroit Ave, Lakewood, OH 44107				
THE GATHERING PLACE	None	Charitable	Provide needs for those	100.00
23300 Commerce Park, Beachwood, OH 44122			impacted by cancer	
		501(c)(3)		
WIGS FOR KIDS	None		Provide wigs for children	2,000 00
24231 Center Ridge Rd, Westlake, OH 44145		501(c)(3)	impacted by hair loss	
YOUTH CHALLENGE	None	501(c)(3)	Sports for children with	200 00
800 Sharon Dr, Westlake, OH 4414S			disabilities	
TOTAL				51,377 70