Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning	and	ending		
B c	heck if	C Name of organization			D Employer identif	ication number
	Addre chang Name		E TELEVISION			
Ļ	_lchang	Doing business as			- 	832689
]Initial return]Final return	Number and street (or P.O. box if mail is not del 1422 EUCLID AVENUE	ivered to street address)	Room/su		er -861-3810
	termin		ZIP or foreign postal code		G Gross receipts \$	2,700,780.
	Amen		Zii oi roioigii pootai oodo		H(a) Is this a group i	
	Applic		SON BECKFORD		for subordinate	
	pendir	SAME AS C ABOVE		Δ	H(b) Are all subordinates	
I T	ax-ex		◀ (insert no.)			a list. (see instructions)
		e: ► N/A	1		H(c) Group exemption	
			sociation Other	LY		M State of legal domicile, OH
	rt I	Summary				<u> </u>
	1	Briefly describe the organization's mission or most	significant activities THE	ORGAI	NIZATION IS C	RGANIZED
Activities & Governance		AND OPERATED EXCLUSIVELY	FOR THE BENEFIT	OF,	AND TO CARRY	OUT THE
ŗ	2	Check this box if the organization disco	ntinued its operations or dispo	osed of m	ere than 25% of us net a	ssets
ò	3	Number of voting members of the governing body Number of independent voting members of the go Total number of individuals employed in calendar y	(Part VI, line 1a)	_ H	EUEIVEU 3	9
8	4	Number of independent voting members of the go	verning body (Part VI, line 1b)	စ္က	(4)	9
ies	5	Total number of individuals employed in calendar y	/ear 2018 (Part V, line 2a)	γį	0V 18 2019	0
ivi	6	Total number of volunteers (estimate if necessary)	ļi		105	9
Aci	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12	00	(DEV) 	0.
	ь	Net unrelated business taxable income from Form	990-T, line 38	<u>_U</u>	DEN, UT 76	
				}	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)			<u>0.</u>	0.
		Program service revenue (Part VIII, line 2g)	. =	ŀ	252,212.	175,166.
Яe		Investment income (Part VIII, column (A), lines 3, 4	•	}	252,212.	1/3,166.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			252,212.	175,166.
		Total revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (176,050.	170,195.
	1	Benefits paid to or for members (Part IX, column (<u> </u>	0.	
S		Salaries, other compensation, employee benefits (••	, I	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A),		` !	0.	0.
ed)		Total fundraising expenses (Part IX, column (D), lin	· .	0.	*******	
щ		Other expenses (Part IX, column (A), lines 11a-11d		— j	46,073.	50,649.
	i e	Total expenses Add lines 13-17 (must equal Part I	•		222,123.	220,844.
	19	Revenue less expenses Subtract line 18 from line	12	[30,089.	-45,678.
Sor					Beginning of Current Year	End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)		Ļ	4,696,593.	4,315,168.
a A	21	Total liabilities (Part X, line 26)		ļ	0.	0.
يَحْ		Net assets or fund balances Subtract line 21 from	line 20		4,696,593.	4,315,168.
_	rt II	Signature Block	 			
		Ities of perjury, I declare that I have examined this return,				ny knowicago ana bollot, it ic
irue,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all illiormation of w	vinicii prepa	irei ilas ally kilowieuge.	110/210
C:	_	T Signature of officer			Date	12/2019
Sigr Her		ANTHONY GATTUSO, TREAS	TIRER			
1161	5	Type or print name and title	01.21.			
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		,, , , ,			self-emplo	yed
Prep	arer	Firm's name			Fırm's EIN ▶	
Use	Only	Firm's address				
		02			Phone no.	
May	the IF	S বীscuss this return with the preparer shown abo			11.7	Yes X No
8320	12-3				T 2	Form 990 (2018)
	S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION S	LATATI	ĭ₽IVI. ~CON.I.TNUA	ATION _

Form	990 (2018) CITY OF CLEVE	LAND CABLE TELEVISION	34-1832689 Page 2
	t III: Statement of Program Service Acc	omplishments	
	Check if Schedule O contains a response or n	ote to any line in this Part III	
1	Briefly describe the organization's mission	oto to any line in the rate in	
•		ZED AND OPERATED EXCLUSIVELY	FOR THE
		UT THE CHARITABLE AND EDUCATI	
	OF THE CLEVELAND FOUNDATION		TONCITORS
	OF THE CHEVELAND FOUNDATIO	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant progr	am services during the year which were not listed on the	
	prior Form 990 or 990-EZ?		Yes 🛣 No
	If "Yes," describe these new services on Schedule ()	
3		nificant changes in how it conducts, any program services	? Yes X No
	If "Yes," describe these changes on Schedule O.	mount on an good manner in contract to the grant of the g	
4		olishments for each of its three largest program services, a	a manufact by avances
4	- · · · · ·		
		quired to report the amount of grants and allocations to oth	ners, the total expenses, and
	revenue, if any, for each program service reported	170 105	
4a	(Code) (Expenses \$170,19		
		LF OF THE CLEVELAND FOUNDATION	
	CLEVELAND FOUNDATION OR TO	CARRY OUT THE CHARITABLE AND	EDUCATIONAL
	FUNCTIONS OF THE CLEVELAND	FOUNDATION.	
			
			
4b	(Code) (Expenses \$	including grants of \$) (Rever	nue \$
	/ Codd / Codd		,
			
			
4c	(Code) (Expenses \$	including grants of \$) (Reve	nue \$)
	-		
	·		
	-		
			
		 	
4d	Other program services (Describe in Schedule O)		
- u	• •	\ /0	`
	(Expenses \$ including gran	ts of \$) (Revenue \$ 170, 195.	
<u>4e</u>	Total program service expenses	±10,±23.	- 000
			Form 990 (2018)

34-1832689

Form 990 (2018) CITY OF CLEV Part IV Checklist of Required Schedules

			163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	-		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	(0040)

Form	1990 (2016) W Chapklist of Dequired School 1992 (sections)			aye ¬
Pal	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l —
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	}		1
	Schedule J	23	х	l
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26	<u></u>	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l	1	J.
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
	Part V, line 1	34 35a	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	354	 	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000		
36	If "Yes," complete Schedule R, Part V, line 2	36	İ	x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	 	<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	<u> </u>	
38		38	х	
Pa	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	, ,,,		
ت ن	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	1	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C	4	1	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		l

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Form 990 (2018)

(gambling) winnings to prize winners?

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If "Yes," complete Form 4720, Schedule O

Form 990 (2018) CITY OF CLEVELAND CABLE TELEVISION 34-1832689 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 29	* *1	ا شا بو						
	If there are material differences in voting rights among members of the governing body, or if the governing	*							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	\$,	,ź						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	. 1	. 4-	' '					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	X						
	officer, director, trustee, or key employee?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		<u>`</u>						
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
; p	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37					
·11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	. B	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			تئ					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х						
40	In Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	- <u>^</u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		X					
a	The organization's CEO, Executive Director, or top management official	15a		$\frac{\Lambda}{X}$					
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	_						
18-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a]	κ,					
102	taxable entity during the year?	16a		X					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.ou							
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		,,, 1	,					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed ▶OH								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply	_ Jy)	una						
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial						
		, "	J.u.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ANTHONY GATTUSO - 216-861-3810								
	1422 EUCLID AVE., CLEVELAND, OH 44115-2015								
83200	\$ 12.31.18	Form	990	2018)					

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

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

X

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099·MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B) (C)						(D)	(E)	(F)		
Name and Title	Average	(do				than :	one	Reportable	Reportable compensation	Estimated	
	hours per	box	, unle	ss pe	rson irecto	is bot or/trus	h an tee)	compensation		amount of	
	week (list any	<u> </u>				Γ	Ė	from the	from related organizations	other compensation	
	hours for	direct				-		organization	(W-2/1099-MISC)	from the	
	related	10 aa	stee			nsate		(W-2/1099-MISC)	,	organization	
	organizations	Itus	重		оуе	ош б				and related	
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) NELSON BECKFORD	0.50	_≗_	Ë	ਙ	\$	포등	Ē				
PRESIDENT	0.30	x						0.	131,973.	37,207	
(2) LILLIAN KURI	0.50	 	-	-	_	\vdash	_		20275.00	3.720.	
VICE PRESIDENT		x			1			0.	194,772.	30,799	
(3) MARIA SPANGLER	0.50	Г									
TRUSTEE		X						0.	0.	0	
(4) ZULMA ZABALA	0.50										
TRUSTEE		X			_	L		0.	0.	0	
(5) KATHY ALLEN	0.50									_	
TRUSTEE		Х				L		0.	0.	0	
(6) YVONNE POINTER	0.50	١.,								,	
TRUSTEE	0.50	X	<u> </u>	<u> </u>	—	—		0.	0.	0 .	
(7) KEVIN J. KELLEY	0.50	x		ĺ				0.	٥.	0 .	
TRUSTEE (8) DEIDRE MCPHERSON (EFF.4/1/18)	0.50	₽		\vdash	⊢	├		0.	0.	-	
TRUSTEE	0.30	x						0.	0.	0.	
(9) JASMIN SANTANA (EFF. 12/13/18)	0.50	 	-	╁			H				
TRUSTEE		x				ł		0.	0.	0	
(10) KRISTI ANDRASIK (UNTIL 5/31/18)	0.50		1								
SECRETARY		L	L	X	L			0.	65,832.	17,006	
(11) COURTENAY BARTON (EFF.12/13/18)	0.50							_			
SECRETARY		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		X	乚	╙	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	25,440.	4,044	
(12) ANTHONY GATTUSO	0.50	1		l	1	İ			00 205	22 000	
TREASURER		╙	L	X	<u> </u>	ـــــ	<u> </u>	0.	99,325.	33,822	
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			Г	T			 				
		L	L		L						
		丄	L_		<u> </u>			<u> </u>	<u> </u>	Form 990 (2018	

Form **990** (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per	(do	Position (do not check more than one box, unless person is both a officer and a director/trustee			than	one h an	(D) Reportable compensation	(E) Reportable compensatio		(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s co SC) co	other empensation from the erganization and related eganizations
		=	=	0	Υ.	<u> </u>					
								:			
			 		_	<u> </u>				_	
									· · · · · · · · · · · · · · · · · · ·		
										\dashv	
										-	
1b Sub-total c Total from continuation sheets to Part VI	I, Section A						>	0. 0.	517,34	0.	22,878. 0. 22,878.
d Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	no re	<u></u>			0
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		Yes No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	ım of reportab								the organization	3	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr			idual for services	5	X X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scrieduii	9 0 1	Or St	icii j	pers	OH				1 3	
Complete this table for your five highest co the organization. Report compensation for	•									pensatio	n from
(A) Name and business	address	N	ONE	<u> </u>				(B) Description of s	ervices		(C) pensation
							_				
							\dashv				
							\dashv			-	
							+				
Total number of independent contractors (i \$100,000 of compensation from the organization from the organization).	-	ot lu	mite	d to		se lis	ted	above) who received m	nore than		
T. COJECO S. COMPONDATION THO OLGANIA				_			_	<u> </u>		Forr	n 990 (2018)

34-1832689

Form	990	(2	2018) CITY	OF CLEVE	LAND CAB	LE TELEVIS	ION	34-1832	689 Page 9
Pa	rt V	IÌI	Statement of Rever	nue					•
			Check if Schedule O cont.	ains a response (or note to any lin	e in this Part VIII			
			Oneok ii Genegale O doni	amis a response	si riote to uriy iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grants similar amounts not included above	ts, and					470
Contrib and Of		_	Noneach contributions included in lines Total. Add lines 1a-1f		—	2 (1) (1) (1)	1 k/ 1* H +-	AT	и То
Program Service Revenue		b			Business Code				
Progra Re		d e f	All other program service reve						
		g	Total. Add lines 2a-2f		•				
	3		Investment income (including other similar amounts) Income from investment of tax		>	79,333.			79,333.
	5	_	Royalties Gross rents	(i) Real	(II) Personal			· ·	
		c b	Less rental expenses Rental income or (loss)					the manually of an exploration to the	المتحور بعدمتهم الإستنداعية
			Net rental income or (loss) Gross amount from sales of	(i) Securities	(n) Other		10 P P 30 V	.gu , . 4	14
			assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	2,621,447. 2,525,614. 95,833.					in the second se
			Net gain or (loss)		•	95,833.			95,833.
Other Revenue	8		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of		,			
Ę		b	Less direct expenses	b			-		
0		С	Net income or (loss) from fund	draising events	•			ļ.,	<u></u>
	9		Gross income from gaming ac Part IV, line 19	а					
			Less: direct expenses	b	L				
			Net income or (loss) from gam		<u> </u>				
	10	а	Gross sales of inventory, less and allowances	returns a					
		Ь	Less cost of goods sold	b	L				
	<u> </u>	С	Net income or (loss) from sale		<u> </u>				1
	<u> </u>		Miscellaneous Revenu	ıe	Business Code	- 			
	11					 			
		b			ļ		 		
		C	All Alexander						
		d	All other revenue				 . 		
	40	ę	Total. Add lines 11a-11d Total revenue. See instructions		>	175,166.	0.	0	175,166.
	12		. Star 10 vonue. Dec monuciono				<u> </u>		

Form 990 (2018) CITY OF CLEVE
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	170 105	170 105		
	and domestic governments. See Part IV, line 21	170,195.	170,195.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	···			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			٠,	
	individuals See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members	· 			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				= ".
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			ł	
a	Management				
ь	Legal				
С.	Accounting				
d	, ,		 -		
e · f	Professional fundraising services. See Part IV, line 17	18,655.		18,655.	
•	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	10,033.	· · · · · · · · · · · · · · · · · · ·		
g	column (A) amount, list line 11g expenses on Sch 0.)				
10	· · ·				
12 13	Advertising and promotion Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				······································
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization				
23	Insurance				·
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line)	1	. ,		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			•	
а	SEE SCHEDULE O	31,794.		31,794.	
b					
Ç					
d					
е	All other expenses	200.		200.	
25	Total functional expenses. Add lines 1 through 24e	220,844.	170,195.	50,649.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) (R) End of year Beginning of year 1 Cash - non-interest-bearing 1 202,624. 227,734. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 2,391,794. 2,079,226. 11 investments - publicly traded securities 11 2,102,175. 2,008,208. 12 Investments - other securities See Part IV. line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV. line 11 4,696,593. 4,315,168. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 O. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances 4,696,593. 4,315,168. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 Paid in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,696,593 4,315,168. 33 33 Total net assets or fund balances 4,696,593. 4,315,168. Total liabilities and net assets/fund balances Form 990 (2018)

Form	990 (2018) CITY OF CLEVELAND CABLE TELEVISION	34-1	832689	Page	<u>e 12</u>				
Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI			[X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,16					
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 67	78				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,696 -335						
5	Net unrealized gains (losses) on investments	5	-333	, , ,	. 4 •				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			55.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		4 215		- 0				
_	column (B))	10	4,315	, 16	98.				
Pai	t XII Financial Statements and Reporting			ſ	77				
	Check if Schedule O contains a response or note to any line in this Part XII		,		No.				
1 2a	Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?				x				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?								
3а	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?		3a		x				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		T					
,	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form 9	990 (2	2018)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization

CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

Part I Reason for Public		All organizations must co				1 1032005
The organization is not a private found						
1 A church, convention of ch	•		-			
2 A school described in sect	·				·//~//·	17/
		•			:n	
3 A hospital or a cooperative					•	j tha haanstalla nama
4 A medical research organiz	zation operated in cor	njunction with a nospital	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
city, and state						
5 An organization operated for		llege or university owner	d or operat	ted by a g	overnmental unit describ	oed in
section 170(b)(1)(A)(iv). (0	Complete Part II)					
6 A federal, state, or local go						
7 An organization that norma	ally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
section 170(b)(1)(A)(vi). (C	Complete Part II)					
8 A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)			
9 An agricultural research org	ganization described	in section 170(b)(1)(A)(ıx) operate	ed in conju	inction with a land-grant	college
or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or
university						
10 An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
activities related to its exer	mpt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975
See section 509(a)(2). (Co	mplete Part III)					
11 An organization organized	and operated exclusi	ively to test for public sa	fety See	section 50)9(a)(4).	
12 X An organization organized						purposes of one or
more publicly supported or						
lines 12a through 12d that						
a X Type I. A supporting orga						giving
the supported organizati						
organization You must o			,			
b Type II. A supporting org	•		tion with it	ts support	ed organization(s), by ha	iving
control or management of						
organization(s) You mus			and porce			
c Type III functionally inte	•		in connec	tion with.	and functionally integrate	ed with.
its supported organization						·····,
						ization(s)
d Type III non-functionali that is not functionally in						
						14611633
requirement (see instruct						
e Check this box if the org					i Type i, Type ii, Type iii	
functionally integrated, o	**	nally integrated support	ing organi.	zation		1
f Enter the number of supported	-	-d(a)				
g Provide the following informatio (i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	anization listed_	(v) Amount of monetary	(vi) Amount of other
organization	(", = "	(described on lines 1.10	in your govern	ng document?	support (see instructions)	support (see instructions)
CLEVELAND	 	above (see instructions))	163	110		
FOUNDATION	34-0714588	8	x		31,794.	
FOUNDATION	34-0/14300	-			31,754.	
	 		 	 		
		· · · · · ·	 	 		
				[
			 	 		
Total	 				31,794.	0.
10101						

Schedule A (Form 990 or 990-EZ) 2018 CITY OF CLEVELAND CABLE TELEVISION 34-18326 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

	fails to qualify under the tests	s listed below, piez	ise complete Fait	···)			
_	ction A. Public Support					······································	
	ndar year (or fiscal year beginning ın) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					i	
	ization's benefit and either paid to					ŀ	
	or expended on its behalf						/
3	The value of services or facilities					/	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			1	ļ	/ / '	
	by each person (other than a						
	governmental unit or publicly		_		/	1	
	supported organization) included		, i		/		
	on line 1 that exceeds 2% of the				• /		
	amount shown on line 11,	٩					
	column (f)				/		
	Public support. Subtract line 5 from line 4			<u> </u>	·/	L	L
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			<u> </u>	т	,
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest,		ĺ	/			
	dividends, payments received on			/			
	securities loans, rents, royalties,			/			
	and income from similar sources		ļ	<u>/</u>			
9	Net income from unrelated business		/		1		
	activities, whether or not the					Ì	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	ļ_ ,	/	ļ			
	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	.,	s first, second, thii	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	. \Box
	organization, check this box and sto	here/					<u> </u>
	ction C. Computation of Publ					T 1	
	Public support percentage for 2018 (column (f))		14	<u>%</u>
	Public support percentage from 2017					15	<u> </u>
16a	33 1/3% support test - 2018. If the				14 is 33 1/3% or i	nore, check this be	ox and
	stop here. The organization qualifies						P
t	33 1/3% support test - 2017. If the				l line 15 is 33 1/3%	6 or more, check to	nis box
	and stop here. The organization qua				10.1010!		▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					irt VI now the orgai	nization .
	meets the "facts-and-circumstances"						1004
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						•
	organization meets the "facts-and-cir-						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2018
	/						
8320	22 10-11-18						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	low, please comp	nete i art ii j				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and			,, \			
	membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and				/		
	3 received from disqualified persons				/	<u> </u>	_
l	no Arnounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	unrelated business taxable income					i	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
	c Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					_	
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	First five years. If the Form 990 is for	the organization!	e first second this	rd fourth or fifth t	ay year as a secti	on 501(c)(3) orga	nization
14	check this box and stop here	the organization:	s mst, second, tim	ia, ioarai, or mart	ax year as a seen	on 50 (c)(c) orga	▶
50	ction C. Computation of Public	c Support Pe	rcentage				
	Public support percentage for 2018 (In			column (fl)		15	%
	Public support percentage from 2017			COIGITITY (1))		16	<u> </u>
	ction D. Computation of Inves					1.01	
						17	%
17				ine to, column (i,,		18	<u>~</u> %
18	investment income percentage from 2 a 33 1/3% support tests - 2018. If the			on line 14, and line	e 15 is more than		
19		-					▶
I	more than 33 1/3%, check this box an b 33 1/3% support tests - 2017. If the c						%, and
	line 18 is not more than 33 1/3%, chec						. 1 1
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	
0200	10-11-18				Sch	redule A (Form	990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

 a. All Supporting Organizations
Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)
and Bill you checked 120 of Part I, complete Sections A and Cill you checked 120 of Part I, complete

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	,		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			. 1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			Ì
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			لـــا
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination	٠,	۱ ،	{
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		*	,
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	Purposes 0 # 8V-2 #	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	•	, ;	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		$\overline{\mathbf{x}}$
6	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja ,		
ь		5b		
_	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		—
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 30		<u> </u>
U	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	_		
	benefited by one or more of its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			Ì
	Part VI.	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		}	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		$\overline{\mathbf{x}}$
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		أكا	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust :	on Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	<u> </u>	** * * * * * * * * * * * * * * * * * *	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount clairned for blockage or other		ACT MM FIRM	1 mg 1 mg 1
	factors (explain in detail in Part VI)		A CONTRACTOR OF THE STATE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
× 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount		F 3 6	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	, r	
2	Enter 85% of line 1	2	:	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	nt nt	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	_ * * *	L
7	Check here if the current year is the organization's first as a non-functionally	y integ	rated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015c Excess from 2016d Excess from 2017e Excess from 2018

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

CTMV OF CLEVELAND CARLE MELEVICION

Employer identification number 31-1932690

Par	t I Organizations Maintaining Donor Advised		r Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	3		
		(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's ex-	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv	<u> </u>	ed only	
	for charitable purposes and not for the benefit of the donor or d	· -	-	
	impermissible private benefit?			Yes No
Pai		ization answered "Yes" on Form 990, Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organization	 	· · · · · ·	
	Preservation of land for public use (e.g., recreation or edu	. — —	cally import	ant land area
	Protection of natural habitat	Preservation of a certifie		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conserva	tion easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic struct	cure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	• • • • • • • • • • • • • • • • • • • •		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the or		during the tax
•	year 🕨	,	J	3
4	Number of states where property subject to conservation easer	ment is located >		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it he	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conser	vation ease	ements during the year
	•	-		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	n easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)	(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement, a	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	e organizati	on's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections of A	irt, Historical Treasures, or Oth	er Simila	ar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemer	nt and bala	nce sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance	e of public :	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement ar	nd balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public	service, p	rovide the following amounts
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		▶ \$	·
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial ga		
	the following amounts required to be reported under SFAS 116			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	·
	Assets included in Form 990. Part X		▶ \$	

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

832051 10-29-18

		CLEVELAND						<u> 1832689</u>	
Par	till. Organizations Maintaining C	collections of A	rt, Histo	<u>rical Tr</u>	easures,	or Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following th	at are a sig	nificant use of	its collection	items
	(check all that apply)								
а	Public exhibition	c	ı 🗆 Lo	an or exc	hange prog	rams			
b	Scholarly research	•	e 🗀 ot	her					
С	Preservation for future generations					• • •			
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	the organiza	tion's exem	pt purpose in	Part XIII	
5	During the year, did the organization solicit of	•			_				
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t:IV: Escrow and Custodial Arran					"Yes" on F	orm 990. Part		
	reported an amount on Form 990, Pa			Ū			•	,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntribution	ns or other a	ssets not in	ncluded		
	on Form 990, Part X?							Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ole:					
-	,,, 3		3					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e	_	- ·
f	Ending balance						11		
2a	Did the organization include an amount on Fe	orm 990 Part X line	21 for es	crow or c	ustodial acc	ount liability		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII						, .		一"
	t:V: Endowment Funds. Complete								
<u></u>		(a) Current year	(b) Prio		(c) Two year) Three years b	ack (e) Four	years back
1a	Beginning of year balance	(a) Carronk your	397	,, , , , , , , , , , , , , , , , , , , ,	(0) 1.10)0.		,,	(6) - 50 -	<u> </u>
b	Contributions								
	Net investment earnings, gains, and losses				-				
ر م	Grants or scholarships								
	· ·				ļ				
е	Other expenditures for facilities				İ				
	and programs				 				
T	Administrative expenses								
9	End of year balance				-\\ l= -1-1				
2	Provide the estimated percentage of the curi	rent year end baland	-	column (a	a)) neid as				
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administ	ered for the	organization	Г	
	by							- +	Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organization	•			1			3b	
-4	Describe in Part XIII the intended uses of the		owment fui	nds					
Pai	t _i VIs Land, Buildings, and Equipm		0 D-+ 11/ 1) F 00	0 D-4 V I	10		
	Complete if the organization answere								
	Description of property	(a) Cost or o			or other	1	umulated	(d) Book	value
		basis (investi	nent)	Dasis	(other)	 	eciation		
	Land					A CONTRACTOR			
b	Buildings	ļ							
С	Leasehold improvements								
d	Equipment								
	Other								
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	10c)		•		<u> </u>
							Sched	lule D (Form	990) 2018

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

(4) (5) (6) (7) (8) (9)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990

2 | ISPATCHED FROM CLEVELAND Employer identification number DOCUMENTARY FILM PROJECT ELLING AND SHARING MORE DIGITAL LITERACY PROJECT 34-1832689 DIGITAL MEDIA PROJECT REATIVE MINDS SUMMER Inspection (h) Purpose of grant N-DEPTH LEARNING IN SRAPHIC DESIGN AND COMMUNITY CIRCUITS or assistance STUDENT FILM AND X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any HOTOGRAPHY RTS CAMP TORIES Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Go to www.irs.gov/Form990 for the latest information. A/A A/A N/A O.N.A ٥. 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ecipient that received more than \$5,000 Part II can be duplicated if additional space is needed 000 500 000 500. 6,000. 7,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6 6 ø CABLE TELEVISION (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 C 3 501 C 3 501 C 3 501 C 3 501 C 3 501 C 3 Enter total number of other organizations listed in the line 1 table 34-1410357 CLEVELAND 34-1241756 13-3912334 34-1355946 27-1193704 34-0770686 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? CLEVELAND SCHOOL OF THE ARTS BOARD 1 (a) Name and address of organization CENTER FOR ARTS-INSPIRED LEARNING CITY OF TECHNOLOGY DBA NEWBRIDGE - 3634 BOYS & GIRLS CLUBS OF CLEVELAND BROADWAY SCHOOL OF MUSIC & THE CLEVELAND CENTER FOR ARTS AND EUCLID AVENUE - CLEVELAND, OH ARTS - 5415 BROADWAY AVENUE -OF TRUSTEES - PO BOX 18265 -CLEVELAND, OH 44127-1508 or government 136 GRAND STREET, #5EF 10917 MAGNOLIA DRIVE 6114 BROADWAY AVENUE CLEVELAND, OH 44106 CLEVELAND, OH 44118 CLEVELAND, OH 44127 Name of the organization NEW YORK, NY 10013 Department of the Treasury AUBIN PICTURES Internal Revenue Service 44115-2535 Part II Part N

Schedule I (Form 990) (2018)

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Schedule I (Form 990) CITY OF CLEVELAND CABLE TELEVISION Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) CITY OF CLEVELAND CABLE TELEVISION

(a) Name and address of (b) EIN (c) IF organization or government if a	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(cash grant assistance appraisal, other) (d) Amount of (e) Amount of (f) Method of (grant non-cash solution non-cash assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUFFY LITURGICAL DANCE ENSEMBLE 1919 EAST 107TH STREET CLEVELAND, OH 44106	34-1512811	501 C 3	9,500.	0.	0.N/A		PUTTING IT ALL TOGETHER
EAST END NEIGHBORHOOD HOUSE ASSOCIATION - 2749 WOODHILL ROAD - CLEVELAND, OH 44104	34-0714656	501 C 3	12,000.	.0	.N/A		YOUTH COMMUNITY, LOVE AND CULTURE DIGITAL STORYTELLING PROJECT
ENVIRONMENTAL HEALTH WATCH, INC. 5802 DETROIT AVENUE, SUITE 1U CLEVELAND, OH 44102	34-1443935	501 C 3	11,000.	0.	N/A		FRESH, LOCAL AND EQUITABLE: ONE GARDEN VALLEY DIGITAL PROJECT
FRONT EXHIBITION COMPANY 1460 WEST 29 STREET CLEVELAND, OH 44113	81-2956023	501 C 3	9,000.	.0	N/A		THE AMERICAN LIBRARY PROJE <u>CT</u>
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE CLEVELAND, OH 44128	23-7098744	501 C 3	12,000.	0.0	N/A		ARTS WITH A COP SUMMER SERIES
JULIA DE BURGOS CULTURAL ARTS CENTER - 3800 BRIDGE AVENUE - CLEVELAND, OH 44113	34-1676967	501 C 3	11,000.	0.	N/A		SOCIAL MEDIA SUCCESS PROJECT
KENT STATE UNIVERSITY FOUNDATION P.O. BOX 5190 KENT, OH 44242-0001	34-6576307	501 C 3	9,000.	0	N/A		MAKING OUR OWN STORIES COMMUNITY PODCAST
LYLESART P.O.BOX 43021 CLEVELAND, OH 44143	47-1189564	501 C 3	5,500.	0.0	0.N/A		DIG IT DIGITAL MEDIA PROGRAM
MUSEUM OF CONTEMPORARY ART CLEVELAND - 11400 EUCLID AVENUE - CLEVELAND, OH 44106	34-1148828	501 C 3	9,000.	0	N/A		PROGRAMS WITH CONCEPTUAL ENTREPREUEUR
							Schedule I (Form 990)

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Page 1

Schedule I (Form 990) CITY OF CLEVELAND CABLE TELEVISION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)		<u>=</u>
CITY OF CLEVELAND CABLE TELEVISION Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Fo	i	990), Pa
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191	CABI	vernme
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Schedule I (Form 990) Part II Continuation	CI	of Gran
Schedule I (For	п 990)	nuation
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	Schedu	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government if applicable cash grant assistance (book, FMV, appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE ARTS ALLIANCE, INC. 3311 PERKINS AVENUE, SUITE 300 CLEVELAND, OH 44114	01-0573988	501 C 3	7,500.	0.	0.N/A		MEDIA ARTS RESIDENCIES
SCULPTURE CENTER 1834 EAST 123RD STREET CLEVELAND, OH 44106	34-6916444	501 C 3	7,500.	0	N/A		PROFESSIONAL PRACTICES FOR PHOTOGRAPHING ARTWORK ON A BUDGET
ST. CLAIR SUPERIOR DEVELOPMENT CORPORATION - 4205 ST. CLAIR AVENUE - CLEVELAND, OH 44103	34-1238020	501 C 3	5,195.	0	0.N/A		TEEN MURAL ART PROJECT
				,			
							Schedule I (Form 990)

CITY OF CLEVELAND CABLE TELEVISION Schedule I (Form 990) (2018)

Part III Grants and Other

Page 2

34-1832689

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
	,				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	e 2, Part III, column	(b), and any other ac	dditional information	
FORM 990, SCHEDULE I, PART I					
THE FUND REQUIRES GRANT RECIPIENTS	TO SUBMIT		SCHEDULED NARRATIVE	VE AND	
FINANCIAL PROGRESS REPORTS ON ACTIV	ITY	АТЕО ТО ТН	RELATED TO THE GRANT ON THE	THE	
FUND'S GRANT REPORTING FORMS, AS SO	CHEDULED	SCHEDULED IN THEIR GRANT		AWARD LETTER.	
GRANT REPORTS ARE AN INTEGRAL PART	OF	OUR MONITORING	AND EVALUATION	ATION	
PROCESS. THE REPORTS ARE REVIEWED	BY THE CI	CLEVELAND F	FOUNDATION	STAFF WHO	
FOLLOW-UP WITH THE FUND'S DIRECTORS	S IF THERE	ARE	QUESTIONS OR	ISSUES	
IDENTIFIED BY THIS REVIEW. WE HAVE		FOUND THESE FORMS	SERVE AS	A	
VALUABLE LEARNING TOOL FOR THE CLEVI	VELAND FO	ELAND FOUNDATION	STAFF AND THE	тне	
7832102 11-02-18		28			Schedule I (Form 990) (2018)

Page 2 Part IV Supplemental Information GRANTEE ORGANIZATION. A CLOSING EVALUATION IS PERFORMED ONCE THE FINAL REPORT IS COMPLETE.
REPORT IS COMPLETE.

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

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

Compensated Employees

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

			Yes	No
t a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			. }
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			لــــا
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
]
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	· .		2 _r }
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		, ,	3
		b. +	. ·	5
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		-	
	organization or a related organization			لـــــ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		,	' '
		٠,	٦,	r' n
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1		'
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			X
	The organization?	5a 5b		X
b	Any related organization?	30	-	
_	If "Yes" on line 5a or 5b, describe in Part III			` . <u></u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		٠ ا	
	contingent on the net earnings of	6a		X
	The organization?	6b		X
b	Any related organization?	,		
_	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
_	not described on lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
^	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			-
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53 4958-6(c)?		L	

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 CITY OF CLEVELAND CABLE TELEVISION 34-1832689

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Serients	(a)-(i)(a)	rep
(1) NELSON BECKFORD	U	0	0	0	0	0	0	0
SIDENT	Ξ	131,559.	0	414.	12,87	24,33	169,18	
(2) LILLIAN KURI	Ξ		0	0				
VICE PRESIDENT	(II)	194,155.	0	617.	21,589	9,210.	225,571.	0
	Θ							
	(ii)							
	Θ							
	(iii)							
	(ι)							
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CITY OF CLEVELAND CABLE TELEVISION

Employer identification number 34-1832689

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHARITABLE AND EDUCATIONAL FUNCTIONS OF THE CLEVELAND FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 2:

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND ("MINORITY ARTS AND EDUCATION FUND") IS A SUPPORTING ORGANIZATION OF THE CLEVELAND FOUNDATION. CONSEQUENTLY, SOME OF ITS TRUSTEES AND OFFICERS ARE EMPLOYEES OR OFFICERS OF THE CLEVELAND FOUNDATION, COMPENSATED BY THE CLEVELAND FOUNDATION. NELSON BECKFORD IS AN OFFICER OF THE MINORITY ARTS AND EDUCATION FUND AND AN EMPLOYEE OF THE CLEVELAND FOUNDATION. LILLIAN KURI IS AN OFFICER OF THE MINORITY ARTS AND EDUCATION FUND AND ALSO AN OFFICER OF THE CLEVELAND FOUNDATION. THEY HAVE BUSINESS RELATIONSHIPS WITH COURTENAY BARTON, KRISTI ANDRASIK AND ANTHONY GATTUSO, OFFICERS OF THE MINORITY ARTS AND EDUCATION FUND BECAUSE MS. BARTON, MS. ANDRASIK AND MR. GATTUSO ARE EMPLOYEES OF THE CLEVELAND FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 6:

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND IS AN OHIO NONPROFIT CORPORATION. AS SUCH, IT HAS MEMBERS WHO HAVE THE RIGHT UNDER OHIO STATE LAW AND THE ORGANIZING INSTRUMENTS OF THE CORPORATION TO PARTICIPATE IN ITS GOVERNANCE.

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

THE CITY OF CLEVELAND'S CABLE TELEVISION MINORITY ARTS AND EDUCATION FUND HAS TWO CLASSES OF MEMBERS, PUBLIC MEMBERS AND DONOR MEMBERS, WHO APPOINT

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

ARTS AND EDUCATION FUND IS THE CLEVELAND FOUNDATION AND THE DONOR MEMBER IS
THE CITY OF CLEVELAND. AS THE PUBLIC MEMBER, THE CLEVELAND FOUNDATION IS
ENTITLED TO APPOINT FIVE (5) OF THE ORGANIZATIONS NINE (9) TRUSTEES, WHICH
CONSTITUTES A MAJORITY OF THE TOTAL NUMBER OF TRUSTEES. THE DONOR MEMBER IS
ENTITLED TO APPOINT FOUR (4) TRUSTEES OR A MINORITY OF THE ORGANIZATION'S
FULL NUMBER OF TRUSTEES.

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

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

APPROVE CERTAIN KEY ACTIONS UNDERTAKEN BY A NONPROFIT CORPORATION INCLUDING

MERGER OF THE CORPORATION, SALE, TRANSFER, OR OTHER DISPOSITION OF

SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION, AMENDMENT OF THE

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

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

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

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

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

RIGHTS OF APPROVAL OF THE BOARD OF TRUSTEES.

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

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

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

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

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

AND TRUSTEES OF MINORITY ARTS AND EDUCATION FUND.

Employer identification number 34-1832689

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

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

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

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

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

RECUSE THEMSELVES FROM THE MEETING FOR THE DISCUSSION AND VOTE ON THE
MATTER PRESENTING THE CONFLICT. IN LIMITED CASES INVOLVING THE APPROVAL OF
GRANT DISTRIBUTIONS WHERE TRUSTEE AND OFFICERS HAVE CERTAIN LIMITED

POTENTIAL CONFLICTS OF INTEREST WITH A PROPOSED GRANT RECIPIENT, THE

TRUSTEES OR OFFICERS MUST: (I) DISCLOSE THEIR POTENTIAL CONFLICT OF
INTEREST AT THE MEETING; (II) ABSTAIN FROM VOTING ON THE MATTER.

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

FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:

RETURN OF PRIOR YEAR GRANT.

MODIFIED ACCRUAI	L				
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2018 Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

CLEVELAND CABLE TELEVISION

CITY OF

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 34-1832689

(a)	(q)	(၁)	(p)	(e)		(£)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	e End-of-year assets		Direct controlling	
of disregarded entity		foreign country)				entity	
					_		
		-					
	:						
Fart II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ttions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, be	scause it had one	or more related tax-exe	mpt	
(a)	(q)	(0)	(p)	(e)	(J)	(6)	65.
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	٩
THE CLEVELAND FOUNDATION - 34-0714588							
1422 EUCLID AVE., SUITE 1300							
CLEVELAND, OH 44115	COMMUNITY GRANTMAKING	онто	501(C)(3)		N/A	×	_

Schedule R (Form 990) 2018

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34-1832689

Page 2

Schedule R (Form 990) 2018 CITY OF CLEVELAND CABLE TELEVISION

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

General or Percentage managing ownership partner?			ore related	Section 512(b)(13) controlled entry?				Schedule R (Form 990) 2018
(j) General or managing partner? Yes No			 one or m	(h) Percentage ownership				B (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			I, because rt had c	(g) Share of Perend-of-year ow				Schedule
(h) Disproportionate allocations? Yes No			 art IV, line 34					
(g) Share of end-of-year assets			orm 990, Pe	(f) Share of total Income				
		- ,	 "Yes" on Fe	(e) Type of entity (C corp, S corp, or trust)	,			
(f) Share of total Income			n answered			 		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		 	the organization	(d) Direct controlling entity				
Predomi (related excluded f			omplete if	(c) Legal domicile (state or foreign country)				39
(d) Direct controlling entity			oration or Trust. C year	(b) Primary activity				
Legal domicile (state or foreign country)			as a Corporting the tax	Prım				
(b) Primary activity	,		ganizations Taxable	Z c				
(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization				832162 10-02-18
			<u>E</u>	,				83216

Page 3

[Part V] Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	å	- 1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more rel	ated organizations listed	in Parts II-IV?			_	<u> </u>
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			19		×	
b Gift, grant, or capital contribution to related organization(s)				₽		×	
c Gift, grant, or capital contribution from related organization(s)				1		×	
d Loans or loan guarantees to or for related organization(s)				19		×	
				4	L	×	
E Logis of logit gualantees by related organization (s)				2	<u> </u>		,
f Dividends from related organization(s)				=	1	×	4
				;	L	þ	
g Sale of assets to related organization(s)				Ē.	1	4	- 1
h Purchase of assets from related organization(s)				두	┙	<u>م</u> ا	
i Exchange of assets with related organization(s)				÷		×	
j Lease of faculties, equipment, or other assets to related organization(s)				<u>1</u>		×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×	
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	\downarrow	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×	- 1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			÷	_	×	
 Sharing of paid employees with related organization(s) 				9		×	
							_
p Reimbursement paid to related organization(s) for expenses				t d	×		
				19		×	
r Other transfer of cash or property to related organization(s)				+		×	
s Other transfer of cash or property from related organization(s)				18		×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	s line, including covered	relationships and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nt involved			
(1)							
6							
(3)					ł		
(4)							
(5)							1
(9)	_						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

of entity	مانتسمار ادمورا	Predominant income	all Charoof	Charlo of	Dispender	Code V-IIBI	() ()	(N)
	Legal domicile (state or foreign country)	rredollmant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	unspropor- tonate allocations?	ode v-ubl amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
							L	
					_			
					_			
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Schedule F	R (Form 990) 2018	CITY OF	CLEVELAND	CABLE	TELEVISION	34-1832689	Page 5
Part VII	R (Form 990) 2018 Supplemental Info	ormation.			-		
			con to augostions on (Cahadula D. G	See instructions		
	Provide additional infor	mation for respon	ses to questions on a	Scriedule n	see instructions		
			 				
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