Form 9'90-PF

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

201R

Department of the Treasury	Do not enter social security numbers on this form as it may be made publicated	
Internal Revenue Service	► Go to www irs.gov/Form990PFfor instructions and the latest information	l
		-

Open to Public Inspection			10	
	j	Open to Public	Inspe	ction

OMB No 1545-0052

		ent of the Treasury Revenue Service  Do not enter s  Go to www in	ocial security numbers on s.gov/Form990PFfor instri	ithis form as it may be r uctions and the latest in	formation 910	Open to Public Inspection
		endar year 2018 or tax year beginning	11/		ing	10/31, 20 19
		foundation			A Employerident	
_	<u> </u>	RMAN FAMILY FDN 20-1149840	les et est et d'est			-1532230
N	ımber	and street (or P.O. box number if mail is not delivered	to street address)	Room/suit	te B Telephone num	ber (see instructions)
	c/o	KEYBANK 4900 TIEDEMAN OH-	01 40 0150		,	16-736-7216
		own, state or province, country, and ZIP or foreign pos		<u>l</u> .		10-730-7210
	•	,, , , , , , , , , , , , , , , , , , ,			C if exemption appli	cation is
	BRO	OKLYN, OH 44114			pending, check he	re
		ck all that apply Initial return	Initial return	of a former public cha	rity D 1 Foreign organiz	gations, check here
		Final return	Amended ret	turn	2 Foreign organiz	rations meeting the
_		Address change	Name chang		computation	here and attach
H	_	ck type of organization X Section 50			E If private foundation	on status was terminated
Ţ		ection 4947(a)(1) nonexempt charitable trust			under section 507	(b)(1)(A), check here . >
ı		market value of all assets at J Acc	ounting method <u>[X</u> ] Co Other (specify)	ash Accrual		s in a 60-month termination
			l, column (d) must be on ca	ish hasis )	Under section 507	(b)(1)(B), check here . >
		Analysis of Revenue and Expenses (Th				(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions) )	books	liicome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			··-·	
	2	Check If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments		6 061		OTIVE 1
	4	Dividends and interest from securities	·	6,961.		STMT 1
	l	Gross rents				
d)	l	Net rental income or (loss)	1,884.			
Revenue	ő	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 29, 426		-		
š	7	Capital gain net income (from Part IV, line 2)		1,884.		
ĕ	8	Net short-term capital gain				
	9	Income modifications				<del>                                     </del>
	IUa	Gross sales less returns and allowances			· · · · · · · · · · · · · · · · · · ·	<u>'</u>
	ı	Less Cost of goods sold .	-			
	ì	Gross profit or (loss) (attach schedule) Other income (attach schedule)		<u> </u>		· STMT 2
	11 12	Total Add lines 1 through 11 · · · · · ·	·	8,845.		01111 2
_	13	Compensation of officers, directors, trustees, etc.				
ses	Į	Other employee salaries and wages		NONE		
ens	15	Pension plans, employee benefits		NONE	NON	<u>E</u>
S.	ı	Legal fees (attach schedule)				
ě	Ь	Accounting fees (attach schedule)		1 026		
ativ	_ c	Other professional fees (attach schedung. 3	. 1,820.	1,826.		
str	1/	Interest	748.	3.		-
Ē	¦I	Tapereceitien Teltech, schedolon and depletion		<u> </u>		
μþ	2 0	Decompancy of the order of the order				
Ф Р	2 68 2 08	Occupancy 1 2020 S		NONE	NON	E
a	2   111	Printing and publications		NONE	NON_	
ng	2	Otto Entratt Tchedule STMT. 5	. 100.			100.
rati	24	Total operating and administrative expenses	0.574	1 000	31037	100
be		Add lines 13 through 23	1 10 045	1,829.	NON	E 100. 18,945.
O	25 26	Contributions, gifts, grants paid		1,829.	NON	
_	27	Subtract line 26 from line 12	21,019.	1,025.	11011	10,030
	l	Excess of revenue over expenses and disbursements	-12,669.			,
	l	Net investment income (if negative, enter -0-)		7,016.		
	c	Adjusted net income (if negative, enter -0-).	,			

JSA For Paperwork Reduction Act Notice, see instructions
8E1410 1 000
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20-1149840

Part	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		f year
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments		196-11	
3	Accounts receivable >	······································		
	Less allowance for doubtful accounts			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)	,	-	-
	Less allowance for doubtful accounts ▶NONE			
8 13	Inventories for sale or use			
ssets 6 0	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule)		-	
Ь	Investments - corporate stock (attach schedule)			*
	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	(attach schedule) Investments - mortgage loans	****		
13	Investments - other (attach schedule) STMT .6	242.058.	229,590.	335,84
14	Land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)	,	· · · ·	-
15				,
16	Total assets (to be completed by all filers - see the	**		
'*	, , ,		229,590.	335,8
17	Accounts payable and accrued expenses		225,350.	333,0
18	· · · · · · · · · · · · · · · · · · ·			
	Grants payable		· ···	
Liabilities 02 19 20 21 22 22 22 22 22 22 22 22 22 22 22 22	Deferred revenue			
21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)			
E 22	Other liabilities (describe			<u> </u>
_ 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)		NONE	
+	Foundations that follow SFAS 117, check here ▶		NOIVE	
S	and complete lines 24 through 26, and lines 30 and 31.			
24	Unrestricted			•
salances 25	-			
m	Temporarily restricted			<u>-</u> .
or Fund	Foundations that do not follow SFAS 117, check here			<u>.                                    </u>
교	and complete lines 27 through 31.			
٥ , ,		242,058.	229,590.	
st 27	Capital stock, trust principal, or current funds	242,030.	229,390.	
Assets	Paid-in or capital surplus, or land, bldg, and equipment fund			
	Retained earnings, accumulated income, endowment, or other funds	242,058.	220 500	
30 1 1 1	Total net assets or fund balances (see instructions)	242,030.	229,590.	
<b>-</b>	Total liabilities and net assets/fund balances (see	242 050	220 500	,
	Instructions)	242,058.	229,590.	
	Analysis of Changes in Net Assets or Fund Bala		must sarest	
	tal net assets or fund balances at beginning of year - Part		-	242 054
	d-of-year figure reported on prior year's return)			242,058
	ter amount from Part I, line 27a			-12,669
	ner increases not included in line 2 (itemize)  SEE STAT		3	201
	d lines 1, 2, and 3			229,590
	creases not included in line 2 (itemize)		5	***
6 To	tal net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II, column (b	o), line 30 <b>6</b>	229,590

Pai	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
		scribe the kind(s) of property sold (for ex	• • • • • • • • • • • • • • • • • • • •	(b) How	(c) Date acquired	(d) Date sold
	·	rick warehouse, or common stock, 200	shs MLC Co )	P - Purchase D Donation	(mo , day, yr )	(mo , day, yr )
<u>1 a</u>	PUBLICLY TRADED	SECURITIES				
b						
<u>c</u>	<del></del>					
d						
<u>e</u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	•
	20 426	(or allowable)			((e) plus (i) illini	
a	1		27,542.			1,884.
<u>b</u>						
c						
<u>e</u>		owing gain in column (h) and owned b	v the foundation on 12/31/69			<del></del>
	Complete only for assets on	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a	_	•			-	1,884.
b						1,001.
c						
			-			
e						·
			ain, also enter in Part I, line 7			
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2		1,884.
3	Net short-term capital ga	ain or (loss) as defined in sections				<del></del>
	If gain, also enter in P	art I, line 8, column (c). See inst	tructions If (loss), enter -0- in			
	Part I, line 8	<del> </del>	<u></u>	3		
Pai	t V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment Ir	ncome		
(For	optional use by domestic	private foundations subject to the	section 4940(a) tax on net investm	nent inco	me )	
If se	ction 4940(d)(2) applies,	leave this part blank				
					<del></del>	, L
		the section 4942 tax on the distrib		ase perio	d?	Yes X No
If "Y		't qualify under section 4940(e). Do				
1_	<del></del>	nount in each column for each yea	r, see the instructions before makin	ig any en		
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2017	23,690.	341,208.			0.069430
	2016	22,100.	326,890.			0.067607
	2015	16,838.	295,540.			0.056974
	2014	19,708.	324,086.			0.060811
	2013	31,344.	333,491.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.093988
_						0 240030
2		d)		2		0.348810
3	_	o for the 5-year base period - divid		,		0 000700
	the number of years the	foundation has been in existence i	If less than 5 years	3		0.069762
			D . W	,		220 004
4	Enter the net value of no	oncharitable-use assets for 2018 fro	om Part X, line 5	4		330,804.
_				5		22 070
5	Multiply line 4 by line 3.			3		23,078.
	E . 40/ f			6		70.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) .		-	<del> </del>	
-	A 4 4 11 E O			7		23,148.
7	Add lines 5 and 6			<del>  '                                   </del>		23,170.
	Face week to all the term	vana faan Bank VIII liss 4		8		19,045.
8		tions from Part XII, line 4			ucing a 1% tax	

Part VI instructions.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	<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		:	<u> 140.</u>
	here  and enter 1% of Part I, line 27b		•	;
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		1	<u>IONE</u>
3	Add lines 1 and 2			<u> 140.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		ľ	<u>IONE</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			<u> 140.</u>
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 750.	•		
b	Exempt foreign organizations - tax withheld at source 6b NONE			1
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			•
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		•	<u>750.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		(	<u> 510.</u>
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 140. Refunded ▶ 11		4	<u>170.</u>
Par	t VII-A Statements Regarding Activities			
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		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		ļ	
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			;
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		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
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			١,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
,	If "Yes," attach a detailed description of the activities		,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	-	-	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1
	By language in the governing instrument, or			! '
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	- · ,.	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	OH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		
	(or designate) of each state as required by General Instruction $G^2$ If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942\{j\}(3)$ or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"		1	'
	complete Part XIV	9	_	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			]
	names and addresses	10		X

Part	t VII-A Statements Regarding Activities (continued)			
		14 m	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within t	ne		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			l x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifit			<del></del>
-	person had advisory privileges? If "Yes," attach statement See instructions			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application		X	<del> </del>
13	Website address ► N/A	17 [13	1 V	<u> </u>
14	VENDANK ACOME DOD EDUCADO	12-161	1	
1-4	Located at $\blacktriangleright$ 4900 TIEDEMAN RD OH-01-49-0150, BROOKLYN, OH ZIP+4 $\blacktriangleright$ 4414			
15				<del></del>
13	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	1		`Ш
16	· · · · · · · · · · · · · · · · · · ·		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name	· • <del></del>	1	
	the foreign country		-	<b>3</b> B
Pari	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	P	•	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
12	During the year, did the foundation (either directly or indirectly)	1 1	1	
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No.			33
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1,	
	disqualified person?		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No.		F '	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No.	IF.	••,	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		1	15.1
	the benefit or use of a disqualified person?		· .	
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	,	. '	-
	foundation agreed to make a grant to or to employ the official for a period after			*, ,
	termination of government service, if terminating within 90 days)			• 1
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation		1.;	25
b	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b	-	است
	Organizations relying on a current notice regarding disaster assistance, check here			7
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	ar 🌡		
•	were not corrected before the first day of the tax year beginning in 2018?	1c	<b></b>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priva	li i	٤	: 20
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			" "
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
_	6e, Part XIII) for tax year(s) beginning before 2018? Yes X No		'	7
	If "Yes," list the years	<b>)</b> .		
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(	2) .		9.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	1		
	all years listed, answer "No" and attach statement - see instructions)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		*	. 4
	<b>&gt;</b>	ľ		1
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ŀ		
	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation	16		
~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	i ii		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	11 - ·		٠
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	I .		<u> </u>
	foundation had excess business holdings in 2018)	3b		
Δa	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	·		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize in	4f -		1
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018		1	X
•		Form 99	0-PF	

Par	VII-B Statements Regarding Activities	for Which Form 4	1720 May Be Rec	uired_(continued)			
` 5a	During the year, did the foundation pay or incur any amount	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X No	, [-		
	(2) Influence the outcome of any specific public el-	ection (see section	4955), or to carry o	 n,		* 1.	_ 1
	directly or indirectly, any voter registration drive?			. Yes X No	,  .	2	
	(3) Provide a grant to an individual for travel, study, or o	other similar purposes	,	. Yes X No	,	^	7, 1
	(4) Provide a grant to an organization other than a	charitable, etc., orç	janization described	ın	`.	_	. 4
	section 4945(d)(4)(A)? See instructions			Yes X No	,   [	· .	
	(5) Provide for any purpose other than religious, c	haritable, scientific,	literary, or education	al	• • <sub>•</sub>		. [
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	,	• •	1
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	exceptions described in	,		
	Regulations section 53 4945 or in a current notice rega	rding disaster assistar	ice? See instructions .		5b		
	Organizations relying on a current notice regarding disa-	ster assistance, check	here				
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the	tax	'		
	because it maintained expenditure responsibility for the	grant?		. Yes No	) 🚚		
	If "Yes," attach the statement required by Regulations se	ection 53 4945-5(d)			ľ		•
6a	Did the foundation, during the year, receive any fu-	nds, directly or indir	ectly, to pay premiu	ms			
	on a personal benefit contract?			Yes X No	·		
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contr	act <sup>7</sup>	. 6b		<u>X</u>
	If "Yes" to 6b, file Form 8870				τ.		
7a	At any time during the tax year, was the foundation a pa	orty to a prohibited tax	shelter transaction?.	. Yes X No	)   _	٠. ا	
b	If "Yes," did the foundation receive any proceeds or have	any net income attri	butable to the transact	ion <sup>7</sup>	7b		
8	Is the foundation subject to the section 4960 tax on pay				•		
	remuneration or excess parachute payment(s) during the					.4,	
Par	Information About Officers, Directors	rs, Trustees, Fot	indation ivianage	s, Hignly Paid Emp	oloyees,		
1	List all officers, directors, trustees, and foundatio						
		(b) Title, and average	(c) Compensation	(d) Contributions to			int.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other allo		
	DHRMAN	hours per week	(If not paid,	employee benefit plans			
27500	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122	hours per week devoted to position TRUSTEE/PRES	(If not paid,	employee benefit plans			
27500 BRUCE	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122 KOHRMAN	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-			- 0 -
27500 BRUCE	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122	hours per week devoted to position TRUSTEE/PRES	(If not paid, enter -0-)	employee benefit plans and deferred compensation			<u>s</u>
27500 BRUCE	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122 KOHRMAN	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-			- 0 -
27500 BRUCE	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122 KOHRMAN	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-			- 0 -
27500 BRUCE	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122 KOHRMAN	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-			- 0 -
27500 BRUCE 12305	OHRMAN CEDAR ROAD, #605, BEACHWOOD,, OH 44122 KOHRMAN	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P 1	(If not paid, enter -0-) - () -	employee benefit plans and deferred compensation  -() -	other all	-	-0- -0-
27500 BRUCE 12305	COMPENSATION OF five highest-paid employees	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P 1	(If not paid, enter -0-) -00- se included on lin	employee benefit plans and deferred compensation  -0-  -0-  e 1 - see instruction	other allo	owance	-0- -0-
27500 BRUCE 12305	CEDAR ROAD, #605, BEACHWOOD,, OH 44122  KOHRMAN SW 69TH PLACE, MIAMI, FL 33156  Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE/PRES 2 TRUSTEE/V P 1	(If not paid, enter -0-) - () -	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred	other all	one, one, or	-0- -0-
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00-	e 1 - see instructio	ons). If no	one, one, or	-0- -0-
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00-	e 1 - see instruction  (d) Contributions to employee benefit plans and deferred	ons). If no	one, one, or	-0- -0-
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those hours per week	(If not paid, enter -0-) -00- (c) Compensation	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, one, or	-0- -0- enter
27500 BRUCE 12305 2 (a)	COMPENSATION OF five highest-paid employees	hours per week devoted to position  TRUSTEE/PRES  2  TRUSTEE/V P  1  (other than those than those devoted to position)	(If not paid, enter -0-) -00- (c) Compensation -0-	employee benefit plans and deferred compensation  -()-  -()-  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, one, or	-0- -0- enter

Par	VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3	Five hi	ghest-paid independent contractors for professional services. See instructions If none, enter "NON	E "
		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE			
			NONE
		· · · · · · · · · · · · · · · · · · ·	
Tota	numbe	r of others receiving over \$50,000 for professional services	NONE
Par	IX-A	Summary of Direct Charitable Activities	
Lis	t the foun- ganizations	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N	/A		
_			
_			
2 _			
-			
3			
<b>-</b>			
_			
4			-
_			
	ІХ-В	Summary of Program-Related Investments (see instructions)	
1 N	<del></del>	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
117	<u> </u>		
_			
2			
		ram-related investments. See instructions	
3 <u>N</u>	ONE		
_			
Total	Add lin	es 1 through 3 · · · · · · · · · · · · · · · · · ·	
	111	and a substitution of the	

T GI	see instructions.)	ign loan	uations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		,,,,,
	Average monthly fair market value of securities	1a	335,842.
b	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	335,842.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	335,842.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		333,042.
4	instructions)	4	5,038.
_	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	330,804.
5 6	Minimum investment return. Enter 5% of line 5	6	
	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		16,540.
L CI	and certain foreign organizations, check here and do not complete this part	idations	
1	Minimum investment return from Part X, line 6	1	16,540.
		<del></del>	10,340.
	Tax on investment insertic for 20 to from fact vi, into 5 ?	1	
b	Income tax for 2018 (This does not include the tax from Part VI) 2b	} <u>.</u> :	140
C	Add lines 2a and 2b	2c	140.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	16,400.
4	Recoveries of amounts treated as qualifying distributions		200.
5	Add lines 3 and 4	5	16,600.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	16 600
	line 1	7	16,600.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		•
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	19,045.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	19,045.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del></del>	15,015.
-	Enter 1% of Part I, line 27b See instructions	5	N/A
6	Adjusted qualifying distributions Subtract line 5 from line 4		19,045.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	The amount of the control (0.00) and other of the control (0.00).		ound the realitation

Page 9

Part XIII Undistributed Income (see Instru	ctions)			
1 Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7				16,600.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			NONE	<del></del>
b Total for prior years 20,20,20		NONE		·
3 Excess distributions carryover, if any, to 2018				
a From 2013 14,963.				
b From 2014				
c From 2015				
d From 2016 6, 187.				
e From 2017	21 060			
f Total of lines 3a through e	31,060.			
4 Qualifying distributions for 2018 from Part XII,				i
line 4 ▶ \$19,045.			NONE	
a Applied to 2017, but not more than line 2a			NONE	•••
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				•
required - see instructions)	NONB			1.5.50
d Applied to 2018 distributable amount				16,600.
e Remaining amount distributed out of corpus	2,445.			
(If an amount appears in column (d), the same amount must be shown in column (a) )	NONE			NONE
6 Enter the net total of each column as indicated below:				;
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	33,505.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		NONE		<u> </u>
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) tax has been previously assessed		NONE		
d Subtract line 6c from line 6b Taxable				·
amount - see instructions		NONE		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see			None	
instructions			NONE	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				NONE
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				,
170(b)(1)(F) or 4942(g)(3) (Election may be			İ	1
required - see instructions)	NONE			
8 Excess distributions carryover from 2013 not				,
applied on line 5 or line 7 (see instructions)	14,963.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	18,542.			· · · · · · · · · · · · · · · · · · ·
10 Analysis of line 9				
a Excess from 2014	,			I
b Excess from 2015 2,297.				1
c Excess from 2016 6,187.				
<b>d</b> Excess from 2017				
e Excess from 2018 2,445.				

factors

SEE ATTACHED STATEMENT FOR LINE 2

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Du Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	·
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year .				}
SEE ATTACHED STATEMENT #8				}
		-		18,945
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Total			▶ 3a	18,945
b Approved for future payment				
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Takal		I	1 -	
Total	· · · · · · · · · · · · · · ·	<u> </u>	▶ 3b	<u></u>

Part XVI	-A Analysis of Income-Produ	ucing Acti	vities			_
Enter gross	amounts unless otherwise indicated	Unrela (a)	ated business income		y section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	Business code	Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a				_		
b						
c						
d						···
e						
f						
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments			<u> </u>		
	on savings and temporary cash investments •			1.4	6 061	<del></del>
4 Dividend	ds and interest from securities			14	6,961.	
5 Net rent	al income or (loss) from real estate			<del>- </del>		
a Debt	-financed property					
b Not	debt-financed property					
6 Net renta	al income or (loss) from personal property					
7 Other in	vestment income			1.0	1 001	
8 Gain or (I	oss) from sales of assets other than inventory	ļ		18	1,884.	
9 Net inco	me or (loss) from special events	<u> </u>	-			
	rofit or (loss) from sales of inventory	ļ				
	evenue a			<u> </u>		
				1 1	105.	
С						
d		<b></b>			-	
е						
	Add columns (b), (d), and (e)				8,950.	2 252
	dd line 12, columns (b), (d), and (e)		• • • • • • • • • • • •		13	8,950.
	neet in line 13 instructions to verify calcu			A D		
Part XVI-	B Relationship of Activities	to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	y for which	n income is reported	ın column (e	e) of Part XVI-A contribu	ited importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purposes	s) (See instructions)
						- · · · - · · · · · · · · · · · · · · ·
						•
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		-				

Form 990-PF	(2018)				31-1532230	P	age 13
Part XVI	Information F Exempt Orga		nsfers to and Tr	ansactions a	nd Relationships With None	haritable	3
in s	ection 501(c) (other			_	any other organization described ction 527, relating to political	Yes	No
_	nizations? sfers from the reportin	a foundation to r	noncharitable even	nt organization	of:		
					01;	12(1)	Х
(2)	Other assets					18(2)	$\frac{1}{X}$
	er transactions.						
							X
							X
							X
	•					<del></del>	X
	_						X
		•					X
					e. Column (b) should always shov		
					on. If the foundation received less		
(a) Line no.	<del></del>	<del></del>	ement, snow in colu incharitable exempt organi		ue of the goods, other assets, or s		
187 (1116 110.	(B) Amount involved	(0) (18) (10)	meta wasie exempt organi	zanon (u)	Dascription of translats, transactions, and site	ring arrangem	ents
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		<del> </del>				<del></del>	
	<del>                                     </del>	l	······				
desc	ribed in section 501(c)	(other than sect			nore tax-exempt organizations	Yes [	<u> </u>
D IT "YE	es," complete the follow		(b) Type of orga	enization	(c) Description of relation	ship	
	<del></del>						
Un	der penalties of perjury / I doct	ero that I have examine	ed this return, including acco	mpanying schodulos	and statements, and to the best of my knowledges and knowledge.	go and bellef, I	t la true,
	rrect, and complete, Doctarolich o	i proparer (other than tax	rpayor) is bosed on all informat	ion of which preparer h			
Sign	11100	1-	1 0.6.	<u> </u>		S discuss this epare <u>r sh</u> own	pejam)
Here s	ignature of officer of trustee		Date	Title	See instruction	ns. X Yes	Nα
	15:		I Brown of Francis	· · · · · · · · · · · · · · · · · · ·	- Date	PTIN	
Paid	Print/Type preparer's na	ma DISON-TURNEF	Preparer staignature	H	Γ17 8 -0 Λ 19υν □ "1	P010025	97
Preparer		YBANK N.A.	u puch	<del></del>		0797057	<del></del>
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		OOKLYN, OF		44144		13-4614	
					Fo	m 990-PF	(2018)

KOHRMAN FAMILY FDN 20-1149840

31-1532230

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

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
DIVIDENDS AND INT		6,961	6,961.
	TOTAL	6,961.	6,961

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

OTHER REVENUE

105.

TOTALS

105.

KOHRMAN FAMILY FDN 20-1149840

31-1532230

FORM 990PF, PART I - OTHER PROFESSIONAL FEES 

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMENT MANAGEMENT FEES	1,826	1,826.
TOTALS	1,826	1,826.

KOHRMAN FAMILY FDN 20-1149840

31-1532230

FORM 990PF, PART I - TAXES 

	=========	==========
TOTAL	JS 748.	3.
FEDERAL ESTIMATES - PRINCIPAL	_	
FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR Y	3 'E 5	3.
DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME

*********	DAMET W		00 1140040	
KUHRMAN	PAMILY	FUN	20-1149840	

31-1532230

FORM 990PF, PART I - OTHER EXPENSES 

DESCRIPTION		REVENUE AND KPENSES ER BOOKS	CHARITABLE PURPOSES
STATE FILING FEE		100.	100
	TOTALS	100	100

KOHRMAN	FAMILY	FDN	20-1149840

## 31-1532230

FORM	990PF,	PART	ΙI	-	OTHER	INVESTMENTS

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
ATTACHED ACCOUNT STATEMENT #7	С	229,, 590.	335,842.
	TOTALS	229,590.	335,842
		=======================================	.==========

FORM	990PF,	PART	III	- OTHE	R INCF	EASES	IN	NET	WORTH	OR	FUND	BALANCE	S
=====	======	=====	====	=====	=====	=====	====	====	=====	====		======	=
DESC	RIPTION											AMO	UNT
ROUNI	DING												1.
RECOV	JERIES (	OF AM	rs tr	EATED	AS QUA	L DIS	ΓR						200.
						тот	ΔΤ.						201.
						101						======	======

KOHRMAN FAMILY FDN 20-1149840 FORM 990PF, PART XV - LINES 2a - 2d 

RECIPIENT NAME:

LEO KOHRMAN

ADDRESS:

1375 EAST 9TH ST 29TH FLOOR CLEVELAND, OH 44114

RECIPIENT'S PHONE NUMBER: 216/736-7216

FORM, INFORMATION AND MATERIALS:

WRITTEN APPLICATION

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE