Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0047 2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenus Service ► Go to www.irs.gov/Form990PF for instructions and the latest information.

FO	r caler	ndar year 2019 or tax year beginning		<u>, 2019, an</u>			, 20
Nai	ne of fou	indation			A Employ	er identification numb	er
PI	EGASU	S FOUNDATION			34-	7137513	
Nui	nber and	street (or P O, box number if mail is not delivered to street address)	- "-	Room/suite	B Telepho	one number (see instruc	tions)
14	122 E	UCLID AVE.		1150	(216	5)303-8061	
City	or town	, state or province, country, and ZIP or foreign postal code				ption application is pen	ding, check here▶ □
C1	EVEL	AND OH 44115					9,
		call that apply: Initial return Initial return	n of a former	oublic char	Ity D 1. Fore	gn organizations, check	here .
		☐ Final return ☐ Amended			1		_
		Address change Name cha	ange			gn organizations meetir k here and attach comp	
Н	Check	type of organization: X Section 501(c)(3) exempt		tion (Y)		e foundation status was	_
\Box		on 4947(a)(1) nonexempt charitable trust Other ta				507(b)(1)(A), check here	
一		narket value of all assets at J Accounting method					AL A
		f year (from Part II, col. (c), Other (specify)			I F II trie io	undation is in a 60-mon ection 507(b)(1)(B), chec	th termination ck here
		6) \$ 1,231,014. (Part I, column (d), must I	oe on cash basi	s.)	·		
P	art I	Analysis of Revenue and Expenses (The total of	T	Ī			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p		Net investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books		IIICOITIE	lincome	(cash basis only)
<u>, –</u>	1	Contributions, gifts, grants, etc., received (attach schedule)				1	<u> </u>
/	2	Check ► 🗵 if the foundation is not required to attach Sch. B					i
K	3	Interest on savings and temporary cash investments					i
	4	Dividends and interest from securities	26,9	05.	26,905		i
	5a	Gross rents			20,200		1
	Ь	Net rental income or (loss)					
<u> </u>	6a	Net gain or (loss) from sale of assets not on line 10	28,7	93.			
Ĕ	ь	Gross sales price for all assets on line 6a 43,832.					i
Revenue	7	Capital gain net income (from Part IV, line 2)			28,793.		
æ	8	Net short-term capital gain				1	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)			—		
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	55,6	98.	55,698-	- CHARLE	1.1.6
- C	13	Compensation of officers, directors, trustees, etc.			1	CEIVE.	170/KG/
xpenses	14	Other employee salaries and wages			15		107/01
S	15	Pension plans, employee benefits			181	10006	475/51
Š	16a	Legal fees (attach schedule)			1818	APRINGE	=
Ш	b	Accounting fees (attach schedule)	11,2	00.	8, 960	TO DE TO Y	2,240.
Ę	С	Other professional fees (attach schedule)				OG DE	
Ţ	17	Interest					
iist	18	Taxes (attach schedule) (see instructions) See. Stmt	1,0	06.			
πir	19	Depreciation (attach schedule) and depletion					
Þ	20	Occupancy					
70	21	Travel, conferences, and meetings					
a	22	Printing and publications					
Operating and Administrative E	23	Other expenses (attach schedule) See. Stmt.	2	24.	240.		60.
ĭţi	24	Total operating and administrative expenses.					
erć		Add lines 13 through 23	12,4		9,200.	ļ	2,300.
ğ	25	Contributions, gifts, grants paid	54,0				54,083.
_	26	Total expenses and disbursements. Add lines 24 and 25	66,5	13.	9,200.		56,383.
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	-10,8	15.			<u> </u>
	b	Net investment income (if negative, enter -0-) .			46,498.		<u> </u>
	С	Adjusted net income (if negative, enter -0-)	1				<u> </u>

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2019)

Pá	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	l	End o	f year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	Э	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	1,542.	22,27	71.	22,271.
	3.	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				-
	4	Pledges receivable ►		_		
	ŀ	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				<u> </u>
	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 ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				·
ğ	10a	Investments – U.S. and state government obligations (attach schedule)				 _
	b	Investments - corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment. basis ▶				
		Less. accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶	-	•		
	15	Other assets (describe ▶)	606,038.	535,02	21.	1,208,743.
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	607,580.	557,29	92.	1,231,014.
	17	Accounts payable and accrued expenses				
10	18	Grants payable				
ĕ	19	Deferred revenue	- "			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>a</u>	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶				
	23	Total liabilities (add lines 17 through 22)				
S		Foundations that follow FASB ASC 958, check here				
alances		and complete lines 24, 25, 29, and 30.				
la	24	Net assets without donor restrictions				
	25	Net assets with donor restrictions				
ק		Foundations that do not follow FASB ASC 958, check here ▶ 🗵				
<u>ה</u>		and complete lines 26 through 30.				
Ϊ	26	Capital stock, trust principal, or current funds				
SC	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
šet	28	Retained earnings, accumulated income, endowment, or other funds	607,580.	557,29	92.	
455	29	Total net assets or fund balances (see instructions)	607,580.	557,29	92.	
Net Assets or Fund B	30	Total liabilities and net assets/fund balances (see				
ž		ınstructions)	607 , 580.	557,29	92.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
		al net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	t agree with		
		-of-year figure reported on prior year's return)			1	607,580.
2		er amount from Part I, line 27a			2	-10,815.
3		er increases not included in line 2 (itemize)		[3	
4		lines 1, 2, and 3			4	596,765.
5	_			Г	5	39,473.
6	Tota	reases not included in line 2 (itemize) ► NET_BOOK/TAX al net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lir	ne 29	6	557,292.

Par	IV Canital Gains and I	osses for Tax on Investment	Income			
1 411	(a) List and describe the kind(s) of property sold (for example, real estate,		(b) How acquired P—Purchase	(c) Date acqu	red (d) Date sold
	2-story brick warehouse,	, or common stock, 200 shs MLC Co)		D—Donation	(mo., day, y	r) (mo , day, yr)
<u>1a</u>	SCHWAB			P	01/01/20	05 07/30/2019
<u> b</u>	·					
<u> </u>				-		
d						
<u>е</u>	· · · · · · · · · · · · · · · · · · ·	40 Danna artan allawad	(m) Coot on	other basis	 	h) C-: (()
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	nse of sale		h) Gain or (loss) plus (f) minus (g))
а	43,832.			15,039.	-	28,793.
b						
С						
d						
<u>e</u>						
	Complete only for assets show	ng gain in column (h) and owned by th	e foundation	on 12/31/69.		ns (Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		out not less than -0-) or sses (from col (h))
а						28,793.
b						
C			<u> </u>			
d						
е		()	antas in Da	at line 7	<u> </u>	
2	Capital gain net income or (r	net capital loss) { If gain, also If (loss), ent			2	28,793.
3		or (loss) as defined in sections 122 line 8, column (c). See instruction	2(5) and (6)	:		
	Part I, line 8			<u> J</u>	3	
Part		r Section 4940(e) for Reduced te foundations subject to the sect				
Nas t	s," the foundation doesn't qua	ection 4942 tax on the distributable alify under section 4940(e). Do not	complete t	his part.		
1	Enter the appropriate amour	nt in each column for each year; se	ee the instru	uctions before m	akıng any ent	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use a	ssets (co	(d) Distribution ratio I (b) divided by col (c))
	2018	66,903.		1,165,5		0.057401
	2017	61,390.		1,139,3		0.053880
	2016	59,382.		1,018,1		0.058321
	2015	58,357.		1,075,0		0.054285
	2014	59,781.		1,094,0	1/3.	0.054641
2	Total of line 1, column (d)				. 2	0.278528
3		r the 5-year base period—divide				0.270320
		ndation has been in existence if le				0.055706
4	Enter the net value of nonch	aritable-use assets for 2019 from	Part X, line	5	. 4	1,160,087.
5	Multiply line 4 by line 3 .				. 5	64,624.
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	465.
7	Add lines 5 and 6				. 7	65,089.
8	Enter qualifying distributions	s from Part XII, line 4			. 8	56,383.
		er than line 7, check the box in Pa				g a 1% tax rate. See the

Part '		ee ir	ıstru	ıctioı	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.)				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> </u>		9	30.
	here ► □ and enter 1% of Part I, line 27b				1
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-)	2			0.
3	Add lines 1 and 2			9	30.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	1			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		9	30.
6	Credits/Payments:				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 450.				
b	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld	_ _			
7	Total credits and payments. Add lines 6a through 6d	-		4	50.
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4	80.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				0.
11 	Enter the amount of line 10 to be: Credited to 2020 estimated tax > 0 . Refunded > 11	1			
Part \				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		4	res	No ×
	participate or intervene in any political campaign?		1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	he	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	als			
	published or distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?	.	1c		×
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. ► \$	<u> </u>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	d			
_	on foundation managers. ▶ \$	-	_	—	
	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	·	2		×
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	. [3		×
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.	4a		<u>×</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	,	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by $General Instruction T$.	·	5		<u>×</u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				Ì
	By language in the governing instrument, or	i			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions th				
	conflict with the state law remain in the governing instrument?	_ <u>_</u>	6	×	
	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 X	XV [7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶		İ		
	OH				
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	.	8b	×	 ;
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes	s,"			1
	complete Part XIV	_	9		<u>×</u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eir	,		
	names and addresses		10		<u>×</u>

Par	VII-A Statements Regarding Activities (continued)			
_			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
14	Website address ► N/A The books are in care of ► CAROLE M. NOWAK Telephone no. ► (216)	242-	2637	,
	Located at ► 1422 EUCLID AVE. STE. 1150 CLEVE. OH ZIP+4 ► 44115			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year			▶ [
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Parl	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		<u>×</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20, 20, 20,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
O.	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		×
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		×

Par	Statements Regarding Activities	STOP	vnich Form	4720	мау ве н	require	ea (conti	nueu)			
	During the year, did the foundation pay or incur	any am	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influe	ence legislation	on (sect	tion 4945(e))? .	☐ Yes	⊠ No	,		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?										
	- -										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	section 4945(d)(4)(A)? See instructions										
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational											
	purposes, or for the prevention of cruelty to children or animals?										1
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described										
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions										
	Organizations relying on a current notice regardi	ing disa	ster assistan	ce, che	ck here			▶□			
С	If the answer is "Yes" to question 5a(4), does to	-						_			
	because it maintained expenditure responsibility							□No			
	If "Yes," attach the statement required by Regul		_								
6-	Did the foundation, during the year, receive any					amiuma					- 1
6a			•	-			_	□			}
	•						_ ∐ Yes	`⊠ No			
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indired	ctly, on	a persona	benefi	contract	? .	6b	 	X
	If "Yes" to 6b, file Form 8870.						_	_			
7a	, , ,		•								
b	If "Yes," did the foundation receive any proceed		•					n? .	7b		
8	Is the foundation subject to the section 4960 ta										- 1
	remuneration or excess parachute payment(s) d							☐ No			
Part	VIII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors								,		
1	List all officers, directors, trustees, and found	lation r	nanagers an	d their	compens	ation. S	See instru	uctions	.		
1		(b) Title	e, and average	(c) Co	mpensation	(d) (Contribution	s to		nse acc	ount.
1	List all officers, directors, trustees, and found (a) Name and address	(b) Title		(c) Co		(d) (s to plans	(e) Expe	nse acc allowan	
· · · ·	(a) Name and address	(b) Title hou devote	e, and average rs per week ed to position	(c) Co	mpensation ot paid,	(d) (Contribution byee benefit	s to plans	(e) Expe		
MEL	(a) Name and address	(b) Title hou devote	e, and average rs per week ed to position	(c) Co	mpensation not paid, ter -0-)	(d) (Contribution byee benefit	s to plans ensation	(e) Expe		ces
MELY 1422	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00	(c) Co	mpensation ot paid,	(d) (Contribution byee benefit	s to plans	(e) Expe		
MELY 1422 NEI	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER	(c) Co	mpensation not paid, ter -0-)	(d) (Contribution byee benefit	s to plans ensation	(e) Expe		0.
MELV 1422 NEII 1422	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L.A. BROWN 2 EUCLID AVE. CLEVE OH 44115	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00	(c) Co	mpensation not paid, ter -0-)	(d) (Contribution byee benefit	s to plans ensation	(e) Expe		ces
MELY 1422 NEII 1422 CARG	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00 ETARY	(c) Co	mpensation not paid, ter -0-)	(d) (Contribution byee benefit	s to plans ensation 0.	(e) Expe		0. 0.
MELV 1422 NEII 1422 CARG	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK 2 EUCLID AVE. CLEVE OH 44115	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00	(c) Co	mpensation not paid, ter -0-)	(d) (Contribution byee benefit	s to plans ensation	(e) Expe		0.
MELV 1422 NEII 1422 CARG	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00 ETARY 1.00	(c) Co	mpensation not paid, ter -0-) 0.	(d) (Contribution byee benefit	o .	(e) Expe		0. 0.
MELV 1422 NEII 1422 CARG 1422 See	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK 2 EUCLID AVE. CLEVE OH 44115 Statement	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00 ETARY 1.00	(c) Co (lf r en	O. O.	(d) emplo	Contribution byee benefit erred compe	s to plans ensation O. O.	(e) Expe other a	allowan	0. 0. 0.
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MELV 1422 NEII 1422 CARG 1422 See	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK 2 EUCLID AVE. CLEVE OH 44115 Statement	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00 ETARY 1.00	(c) Co (lf r en	O. O.	(d) emplo	Contribution byee benefit erred compe	s to plans ensation O. O. uctions	(e) Expe other a	allowan	0. 0. 0.
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MELV 1422 NEII 1422 CARG 1422 See	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L. A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK 2 EUCLID AVE. CLEVE OH 44115 Statement Compensation of five highest-paid employed	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00 ETARY 1.00 4.00 er than those (b) Title, and a hours per week	(c) Coi (lf r en	O. O.	(d) emplo and def	See instr (d) Contribution employee plans and of	s to plans ensation O. O. uction:	(e) Experimental (e) Ex	one, e	0. 0. 0. 0. enter
MELV 1422 NEII 1422 CARG 1422 See	(a) Name and address VILLE H. IRELAND 2 EUCLID AVE. CLEVE OH 44115 L A. BROWN 2 EUCLID AVE. CLEVE OH 44115 DLE M. NOWAK 2 EUCLID AVE. CLEVE OH 44115 Statement Compensation of five highest-paid employed "NONE."	(b) Title hou devote PRES	e, and average rs per week ed to position I DENT 1.00 SURER 1.00 ETARY 1.00 4.00 er than thos	(c) Coi (lf r en	0. 0. uded on li	(d) emplo and def	Contribution byee benefit erred compe see instr (d) Contribut employee	s to plans ensation O. O. uction:	(e) Experimental (e) Ex	one, e	0. 0. 0. 0. enter
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	VE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE `PAID	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	Form 990-PF (2019)

Part	see instructions.)	gn tol	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		1 160 064
a	Average monthly fair market value of securities	1a	1,169,064.
ь	Average of monthly cash balances	1b	8,689.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,177,753.
е	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	
3	Subtract line 2 from line 1d	3	1,177,753.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	17,666.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,160,087.
_6	Minimum investment return. Enter 5% of line 5	6	58,004.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	ounda	itions
1	Mınımum ınvestment return from Part X, line 6	1	58,004.
2a	Minimum investment return from Part X, line 6		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	930.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	57,074.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	57,074.
6	Deduction from distributable amount (see instructions)	6	············
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	57,074.
Part	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	56,383.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	56,383.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		•
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,383.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	ther the foundation

Part	XIII Undistributed Income (see instruction	ons)			
	•	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				57,074.
2	Undistributed income, if any, as of the end of 2019:				0.70711
а	Enter amount for 2018 only				
b	Total for prior years: 20 , 20 , 20	-			
3	Excess distributions carryover, if any, to 2019:	~	-		
а	From 2014 5, 625.				
b	From 2015 5,905.				
C	From 2016 9,296.				
d	From 2017 5,077.				
е	From 2018 9,526.				
f	Total of lines 3a through e	35,429.			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$56,383.				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required – see instructions)				
d	Applied to 2019 distributable amount				56,383.
e	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)	691.			691.
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	34,738.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
7	Amounts treated as distributions out of corpus				<u>`</u>
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	4,934.			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	29,804.		-	
10	Analysis of line 9:				
	Excess from 2015 5,905.			ŀ	
	Excess from 2016 9,296.				
q C	Excess from 2017 5,077. Excess from 2018 9,526.				
d e	Excess from 2019 9,526.				
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Page		ι

Form 9	90-PF (2019)					Page 10
Part	XIV Private Operating Foundati	i ons (see instru	ctions and Part	VII-A, question 9	3)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for	2019, enter the d	ate of the ruling.			
b	Check box to indicate whether the found	dation is a private	operating founda		ection 🗌 4942(j)(3) or 🗌 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(0) 10101
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
_	Qualifying distributions made directly		-	 / 		
е	for active conduct of exempt activities.		1			
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter.					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i) .					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed		-			
C	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)			_		
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization .					
	(4) Gross investment income					
Part				the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year — s	see instruction	ns.)			
1	Information Regarding Foundation M	-				
а	List any managers of the foundation w					by the foundation
	before the close of any tax year (but on	ly if they have co	ontributed more t	han \$5,000). (See s	section 507(d)(2).)	
	NONE					
b	List any managers of the foundation w					ge portion of the
	ownership of a partnership or other ent	ity) of which the	foundation has a	10% or greater int	erest.	
j	NONE					
2	Information Regarding Contribution,			-		
	Check here ► 🗵 If the foundation o	•	· ·			
	unsolicited requests for funds. If the for		gifts, grants, etc.,	, to individuals or c	rganizations under	other conditions,
	complete items 2a, b, c, and d. See ins					
а	The name, address, and telephone nun	nber or email add	dress of the perso	on to whom applica	ations should be ad	ldressed:
						
b	The form in which applications should l	be submitted and	d information and	materials they sho	ould include:	
С	Any submission deadlines:					
	Annual delication and the delica			mana absoltatels &	alda kunda af i	etutiono en etter
đ	Any restrictions or limitations on awa factors:	ırus, such as D	y geographical a	ireas, chantable 11	eius, kinus ot inst	itudons, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	Contribution				
a Paid during the year							
ALLENDALE SCHOOL			ANNUAL FUND				
LAKE		DUDI TO		1 000			
VILLA IL		PUBLIC		1,000.			
ALL SAINTS EPISCOPAL CHURCH			ANNUAL FUND				
		PUBLIC		1,000.			
AMOS TUCK SCHOOL			ANNUAL FUND	_,,			
WALPOLE							
ME		PUBLIC		500.			
BIG SHOULDERS FUND			ANNUAL FUND				
CHICAGO							
IL		PUBLIC		1,000.			
CHOATE-ROSEMARY			ANNUAL FUND				
WALLINGFORD CT		PUBLIC		3,000.			
DUCKS UNLIMITED		PORPIC	ANNUAL FUND	3,000.			
MEMPHIS			ANNOAL FOND				
TN		PUBLIC		500.			
KIEVE AFFECTIVE ED			ANNUAL FUND				
NOBLEBORO							
ME		PUBLIC		2,800.			
LAKE FOREST COUNTRY DAY SCHOOL			ANNUAL FUND				
LAKE FOREST							
IL		PUBLIC		1,700.			
GRANT PARK MUSIC FESTIVAL			ANNUAL FUND				
CHICAGO IL		PUBLIC		500.			
See Statement		LODDIC		300.			
				42,083.			
Total			▶ 3a	54,083.			
b Approved for future payment				31,003.			
	L		▶ 3b	<u> </u>			
10tal	<u> </u>		3D	<u> </u>			

	rt XVI-A Analysis of Income-Producing Acer gross amounts unless otherwise indicated.	r	siness income	Excluded by sect	on 512, 513, or 514	(e)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.)
1	Program service revenue:					(Occ manachoris.)
	a					<u>.</u>
	b					
	d					
			_		-	
	f					
	g Fees and contracts from government agencies	·				
2	Membership dues and assessments			-		
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	26,905.	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
	b Not debt-financed property				_	
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	28,793.	
9	Net income or (loss) from special events	-				
10 11	Gross profit or (loss) from sales of inventory Other revenue: a			 		
11	<u> </u>			 -		
				<u> </u>		
	4					
	e		-			
12	Subtotal. Add columns (b), (d), and (e)				55,698.	
13	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				55,698. 13	55,698.
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	 s.)				55,698.
13 (See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 (See Par Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
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		Organizatio	ons									
1	in se		directly or indirectly ther than section								Ye	s No
а			oorting foundation t			ot organi:	zation c	of:				
										• •	1a(1)	<u> </u>
h		ther assets . r transactions:									1a(2)	
U			a noncharitable ex	empt orga	anization						1b(1)	×
			ets from a noncharit								1b(2)	<u> </u>
			equipment, or other								1b(3)	×
			rangements								1b(4)	×
	(5) Lo	oans or loan gua	rantees								1b(5)	×
	(6) P	erformance of se	rvices or members	hip or fun	draising solicita	ations					1b(6)	×
		-	quipment, mailing li								1c	×
d			of the above is "Ye									
			ther assets, or serv									
			on or sharing arrang		empt organization							
(a) Line	no (b) Amount involved	(c) Name of nonc	charitable ex	empt organization	(0	d) Descrip	tion of transfe	ers, transacti	ons, and sha	aring arrange	ments
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			ectly or indirectly a 01(c) (other than se								□ v	▽ № -
			following schedule		(c)(o)) or in sec	11011 327				• •	☐ Yes	△ NO
	11 10	(a) Name of organi	<u>-</u>	,	(b) Type of organiz	ation			(c) Descripti	on of relatio	nshin	
	**	(a) Hambon or gam			(a) Type of organic				(0) 0 0 0 0 0 0			
				<u> </u>								
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	Unde	r penalties of penury, I	declare that I have examin aration of preparer (other th	ed this return	, including accompar	nying sched	lules and s	tatements, and	to the best o	of my knowled	dge and belie	f, it is true,
Sign		cy, and complete beca	aration ar preparer (other ti					er nas any kno	wieuge		RS discuss th	
Here		Woll TH	TOWALL		4-1-2020	SECRE	ETARY				reparer show ctions \[\bigverY \)	
	Sign	ature of officer or trus		D	Date	Title		D-A-		<u> </u>		
Paid		Print/Type preparer'			's signature Neil a, ~	_		Date		ck ıf	PTIN	
Prepa		NEIL A. BR			· ex 6, 10	_		3.31/7			PO14599	39
Use C	Only	Firm's name	H & I Adviso		OMP 3350		_			<u>▶ 34-16</u>		
		Firm's address ▶	1422 Euclid Cleveland	Avenue	STE 1150	OH 4	4115-	2001	Phone no.		03-8062 orm 990-F	
BAA			CIEVETANO			On 4		~ O O T		F	いい マンリード	* (ZUIS)

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Tart Av, Ellie Sa. Grants and Gontribe	·		1	
Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MAINE COAST HERITAGE		PUBLIC	ANNUAL FUND	4,000.
TOPSHAM		li		
ME				
SEA EDUCATION ASSOC		PUBLIC	ANNUAL FUND	500.
WOODSHOLE				
MA				
SKIDMORE COLLEGE		PUBLIC	ANNUAL FUND	100.
SARATOGA				
SPRINGS, NY				
TAFT SCHOOL		PUBLIC	ANNUAL FUND	1,200.
WATERTOWN				
CT				
TALL TIMBERS RESEARCH		PUBLIC	ANNUAL FUND	4,900.
TALLAHASSEE				
FL				
THE CRADLE		PUBLIC	ANNUAL FUND	1,000.
EVANSTON				_,
IL				
UNITED WAY OF THE BIG BEND			ANNUAL FUND	2,000.
CHICAGO				-,
IL				
WILLIAMS COLLEGE		PUBLIC	ANNUAL FUND	500.
WILLIAMSTOWN,				
MA				
ARCHBOLD FOUNDATION		PUBLIC	ANNUAL FUND	2,000.
THOUBOLD TOURDHITON				2,000
STEVENSON SCHOOL		PUBLIC	ANNUAL FUND	1,000.
PEBBLE				
PEBBLE BEACH, CA				
UNIVERSITY OF RICHMOND			ANNUAL FUND	400.
RICHMOND				
VA				
DELTA WATERFOWL FOUNDATION		PUBLIC	ANNUAL FUND	2,500.
BISMARK				
ND				
DELTA, DELTA, DELTA FDN		PUBLIC	ANNUAL FUND	1,000.
OUDTON MUR KTNO TROUTS		DUDT TO	ANNUAL PUND	500.
CHRIST THE KING JESUIT	_	PUBLIC	ANNUAL FUND	500.
CHICAGO				
IL	-		,	15 000
WAWENOCK GOLF CLUB		PUBLIC	ANNUAL FUND	15,000.
DAMARISCOTTA				
ME				

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
CENTRAL LINCOLN COUNTY YMCA		PUBLIC	ANNUAL FUND	1,000.
THOMAS COUNTY HISTORICAL SOCIETY THOMASVILLE, GA		PUBLIC	ANNUAL FUND	500.
MASSACHUSETTS GOLF ASSOC FRANCIS OIMET SCHOLARSHIP MA		PUBLIC	ANNUAL FUND	500.
PROJECT PUFFIN		PUBLIC	ANNUAL FUND	500.
NORTH AMERICAN FRIENDS CHAWTON		PUBLIC	ANNUAL FUND	1,000.
SEAL FUTURE FUND		PUBLIC	ANNUAL FUND	400.
THOMAS ARTS AND ANTIQUES SHOW		PUBLIC	- ANNUAL FUND	730.
UNIVERSITY OF ARIZONA		PUBLIC	ANNUAL FUND	500.
UNIVERSITY OF WISCONSIN FUND		PUBLIC	ANNUAL	353.
	l			

42,083.

PEGASUS FOUNDATION FORM 990-PF: Return of Private Foundation

Continuation Statement	•	employee benefit Expense account,
	Contributions to	employee benefit
ighly Paid Employees,		Compensation
, Foundation Managers, Highly Paid Employees, and Contractors	02010000 Tue 01+1E	hours per week
Part VIII: Information about Officers, Directors, Trustees, F		Name and address

art viii: iiii omiation aboat Omeers, Dieettors, Hastees, Louination managers, Highily Faid Childacions	odilodio ilianagei 3, Ili	giny i ald Limployees, a		Continuation Statement
Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
ELIZABETH R. IRELAND	TRUSTEE	0	0	0.
1422 EUCLID AVE	1.00			
CLEVELAND, OH 44115				
PETER IRELAND	TRUSTEE	0	0	0.
1422 EUCLID AVE	1.00			
CLEVELAND, OH 44115				
WILLIAM IRELAND	TRUSTEE	0.	0	.0
1422 EUCLID AVE	1.00			
CLEVELAND, OH 44115				
JENNIFER IRELAND	TRUSTEE	.0	0	.0
1422 EUCLID AVE	1.00			
CLEVELAND, OH 44115				
		,		
			ò	.0
	_			

PEGASUS FOUNDATION 34-7137513 1

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FOREIGN TAX	556.			
FEDERAL EXCISE TAX	450.			
Total	1 006		· · · · · · ·	

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FILING FEES	200.	160.		40.
BANK FEES	24.	80.		20.
Total	224.	240.		60.

Additional Information For Tax Return

PEGASUS FOUNDATION

34-7137513

IRELAND FOUNDATION 1422 EUCLID AVE. STE. 1030 CLEVELAND, OH 44115