# 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.

|              |                      | of the Treasury<br>anue Service                                |   | s.gov/Form990 for instructions          | -                                     | •                         |                | Open to Public   |  |  |  |  |  |
|--------------|----------------------|--|---|---|---------------------------------------|---------------------------|----------------|--|--|--|--|--|--|
|              |                      |  | dar year, or tax year beginning                         |   | nd ending                             | St IIIO III duon.         |                | The state of the s |  |  |  |  |  |
| Во           | heck if              | C Name o   | of organization   |   |                                       | D Employer ider           | ntificat       | tion number  |  |  |  |  |  |
| _            | ]Addre               | 359  |   |   |                                       |                           |                |  |  |  |  |  |  |
| 누            | _jchan∉<br>∏Name     | , <del>, , , , , , , , , , , , , , , , , , </del>              | EMI J. & RUTH W. BEGUN F                                | OUNDATION                               |                                       | վ՝                        |                |  |  |  |  |  |  |
| $\vdash$     | _]chang<br>_]initial |  | ousiness as   |   | Ta                                    |                           | 15945          | 65   |  |  |  |  |  |
| 늗            | return<br>  Final    | 1  | r and street (or P.O. box if mail is r                  | not delivered to street address)        | Room/suit                             | 1                         |                |  |  |  |  |  |  |
| <u> </u>     | return<br>termir     |  | SCIENCE PARK DRIVE                                      | 155                                     |                                       |                           | <u>-593-</u> ; |  |  |  |  |  |  |
| _            | ated<br>TAmen        | ded  | ·   | , and ZIP or foreign postal code        |                                       | G Gross receipts \$       |                | 7,701,967.   |  |  |  |  |  |
| 늗            | _lreturn             | CLEVE  | LAND OH 44122-7302                                      |   |                                       | H(a) Is this a grou       |                |  |  |  |  |  |  |
| L            | Application pendi    | ng   | and address of principal officer:                       |   |                                       | for subordina             |                | Yes X No   |  |  |  |  |  |
|              |                      | <u>  25701 S</u>   |   | ND OH 44122                             |                                       | H(b) Are all subordina    |                |  |  |  |  |  |  |
| _            |                      | empt status:   | x 501(c)(3) 501(c) (                                    | ) (insert no.) 4947(a)                  | (1) or 52                             | ₩ /                       |                | t. (see instructions)  |  |  |  |  |  |
|              |                      | te: NONE   |   | Association Date N                      | <del>-  </del>                        | H(c) Group exemp          | $\overline{}$  |  |  |  |  |  |  |
|              | -                    | f organization:  |   | Association Other                       | L Yea                                 | r of formation: 2000      | MS             | tate of legal domicile: OH   |  |  |  |  |  |
| 17.          | irt()                | Summary  |   |   | <u> </u>                              |                           |                |  |  |  |  |  |  |
| e            | 1                    | Briefly descri   | be the organization's mission or                        | most significant activities: TO C       | ARRY OUT 7                            | THE CHARITABLE            |                |  |  |  |  |  |  |
| Governance   |                      | EDUCATIONAL AND RELIGIOUS PURPOSES OF THE JEWISH PEDERATION OF |   |   |                                       |                           |                |  |  |  |  |  |  |
| E.           | 2                    | Check this bo  | ox 🕨 💹 if the organization of                           | discontinued its operations or dis      | posed of mo                           | re than 25% of its ne     | t asset        | ts.  |  |  |  |  |  |
| Š            | 3                    |  | ting members of the governing l                         | • |                                       |                           | 3              | 7  |  |  |  |  |  |
|              | ı                    |  |   | ne governing body (Part VI, line 1      | b)                                    |                           | 4              | 6  |  |  |  |  |  |
| es           | 5                    | Total number   | of individuals employed in caler                        | ndar year 2017 (Part V, line 2a)        |                                       |                           | 5              | 0  |  |  |  |  |  |
| Activities & | 6                    | Total number   | of volunteers (estimate if necess                       | sary)                                   |                                       |                           | 6              |  |  |  |  |  |  |
| ថ្ន          | 7 a                  | Total unrelate   | d business revenue from Part V                          | III, column (C), line 12                |                                       |                           | 7a             | 0.   |  |  |  |  |  |
|              | ь                    | Net unrelated  | business taxable income from f                          | <u> </u>                                | 7b                                    | 0.                        |                |  |  |  |  |  |  |
|              |                      |  |   |   | <u> </u>                              | Prior Year                |                | Current Year   |  |  |  |  |  |
| <u>a</u>     | 8                    | Contributions  | and grants (Part VIII, line 1h)                         |   |                                       |                           | 0.             | 719,726.   |  |  |  |  |  |
|              | 9                    | Program servi  | ice revenue (Part VIII, line 2g)                        |   | 0.                                    | 0.                        |                |  |  |  |  |  |  |
| Revenue      | 10                   | Investment in  | ment income (Part VIII, column (A), lines 3, 4, and 7d) |   |                                       |                           | 3.             | 998,078.   |  |  |  |  |  |
| ш.           | 11                   | Other revenue  | e (Part VIII, column (A), lines 5, 6                    | d, 8c, 9c, 10c, and 11e)                | L                                     |                           | 0.             | 5,497.   |  |  |  |  |  |
|              | 12                   | Total revenue  | - add lines 8 through 11 (must e                        | equal Part VIII, column (A), line 12    | Ene.                                  | 360,95                    | 3.             | 1,723,301,   |  |  |  |  |  |
|              | 13                   | Grants and sin   | mılar amounts paid (Part IX, colu                       |   | VECE V                                | ED 1 445 57               | 0.             | 597,046,   |  |  |  |  |  |
|              | 14                   | Benefits paid  | to or for members (Part iX, colur                       | mn (A), line 4)                         | · · · · · · · · · · · · · · · · · · · |                           | 0.             |  |  |  |  |  |  |
| စ္ဆ          | 15                   | Salaries, othe   | r compensation, employee bene                           | offits (Part IX, column (A), lines 5-1  | JV 212                                | 018 IĞI                   | 0.             | 0.   |  |  |  |  |  |
| Expenses     | 16a                  | Professional f   | undraising fees (Part IX, column                        | (A), line 11e)                          | _                                     | <u>   S </u>              | 0.             | 0.   |  |  |  |  |  |
| 8            | b                    | Total fundrais   | ing expenses (Part IX, column (D                        | 0), lino 25) 🕨 0(                       | GDO:V图                                | No. of the Party of       | 图图             |  |  |  |  |  |  |
| <u> </u>     | 17                   | Other expense  | es (Part IX, column (A), lines 11a                      |   |                                       | 130,91                    | 6.             | 134,589,   |  |  |  |  |  |
|              | 18                   | Total expense  | s. Add lines 13-17 (must equal F                        | Part IX, column (A), line 25)           | E                                     | 1,576,48                  | 6.             | 731 635  |  |  |  |  |  |
|              | 19                   | Revenue less   | expenses. Subtract line 18 from                         | line 12                                 |                                       | -1,215,53                 | _ I            | 991,666,   |  |  |  |  |  |
| 5g           |                      |  |   |   | В                                     | eginning of Current Ye    | ar .           | End of Year  |  |  |  |  |  |
| 鼹            | 20                   | Total assets (F  | Part X, line 16)  |   |                                       | 26,378,13                 |                | 30,009,950,  |  |  |  |  |  |
| d Balances   | 21                   | Total liabilities  | (Part X, line 26)                                       |   |                                       | 2.054.94                  |                | 1 234 485  |  |  |  |  |  |
| 된            | 22                   | Net assets or  | fund balances. Subtract line 21                         | from line 20                            | ,                                     | 24 323 19                 | 2.             | 28,775,465.  |  |  |  |  |  |
| Pa           | rt;ll;               | Signature  | Block   |   |                                       |                           |                |  |  |  |  |  |  |
| Inde         | і рена               | llies of perjury,  | I declare that I have examined this re                  | turn, including accompanying schedu     | iles and staten                       | nents, and to the best of | f my kno       | owledge and belief, it is  |  |  |  |  |  |
| ue,          | correc               | t, and complete.   | Declaration of preparer (other than                     | officer) is based on all information of | which prepare                         | r has any knowledge.      |                |  |  |  |  |  |  |
|              |                      |  | BOR near  |   |                                       | 41                        | 12/            | (8   |  |  |  |  |  |
| ign<br>Iere  |                      | Signature  | e of office   | <del> </del>                            |                                       | Date                      |                | _  |  |  |  |  |  |
|              |                      | BARRY  | BARRY REIS, TREASURER                                   |   |                                       |                           |                |  |  |  |  |  |  |
|              |                      | Type or p  | rint name and title                                     |   |                                       |                           |                |  |  |  |  |  |  |
|              |                      | Print/Type prep  | parer's name  | Preparer's signature                    |                                       | Date Check                |                | PTIN   |  |  |  |  |  |
|              | l                    | 2, 1, 1,   |   |   | 1                                     | self-em                   | oloved         |  |  |  |  |  |  |
| aid          |                      |  |   |   |                                       |                           |                |  |  |  |  |  |  |
|              | arer                 | Firm's name  | <u> </u>  |   |                                       |                           |                |  |  |  |  |  |  |
| гера         | arer<br>Only         | Firm's name<br>Firm's address                                  |   |   |                                       | Firm's EIN                |                |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2017)

Yes

|    | 990 (2017) THE SEMI J. & RUTH W. BEGUN FOUNDATION  | 34-1594565              | Page 2                                |
|----|--|-------------------------|---------------------------------------|
| Рā | Statement of Program Service Accomplishments   |                         |                                       |
|    | Check if Schedule O contains a response or note to any line in this Part III   | <u> , , .</u>           |                                       |
| 1  | Briefly describe the organization's mission:   |                         |                                       |
|    | FURTHER THE CHARITABLE EDUCATIONAL AND RELIGIOUS PURPOSES OF THE   |                         |                                       |
|    | JEWISH FEDERATION OF CLEVELAND.  |                         |                                       |
|    |  |                         | <del></del>                           |
|    | Did the organization undertake any significant program services during the year which were not listed on the   |                         |                                       |
| 2  | nrier Form 000 or 000 E72  |                         | res 🗓 No                              |
|    | pnor Form 990 or 990-E2?   | <u> </u>                | res LL_100                            |
| •  | Did the organization cease conducting, or make significant changes in how it conducts, any program service   | .c2                     | Yes 🗓 No                              |
| 3  | If "Yes," describe these changes on Schedule O.  | ısı                     | res LX_ NO                            |
|    |  | as mass wad by system   |                                       |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c |                         |                                       |
|    |  | uners, the total expens | es, and                               |
|    | revenue, if any, for each program service reported.  |                         | <del></del>                           |
| 4a | (Code) (Expenses \$  | venue \$                | )                                     |
|    | GRANTS TO 501(C)(3) ORGANIZATIONS MADE TO SUPPORT THE CHARITABLE   | <del></del>             |                                       |
|    | EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND   | <del></del>             |                                       |
|    |  | ·                       | <del></del>                           |
|    |  |                         |                                       |
|    |  | <del></del>             |                                       |
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|    |  |                         |                                       |
|    |  |                         |                                       |
|    | <del></del>  |                         |                                       |
| 4b | (Code) (Expenses \$) (Re   | venue \$                | )                                     |
|    |  |                         |                                       |
|    |  | <del></del>             |                                       |
|    |  |                         |                                       |
|    |  | <del></del>             |                                       |
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|    |  |                         |                                       |
|    |  |                         |                                       |
|    |  | <del></del>             |                                       |
| 4c | (Code:) (Expenses \$ including grants of \$) (Re-  | venue \$                | )                                     |
|    |  |                         |                                       |
|    |  | <del>_</del>            |                                       |
|    |  |                         |                                       |
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|    |  |                         |                                       |
|    |  |                         |                                       |
|    |  |                         |                                       |
|    |  |                         |                                       |
| 4d | Other program services (Describe in Schedule O.)   |                         | · · · · · · · · · · · · · · · · · · · |
| -  | (Expenses \$ including grants of \$ ) (Revenue \$  | ١                       |                                       |
| 4e | Total program service expenses ► 597_046.  |                         |                                       |
|    |  | For                     | n <b>990</b> (2017)                   |

Form 990 (2017)

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part IV Checklist of Required Schedules

|          |  |          | Yes           | No            |
|----------|--|----------|---------------|---------------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  | 1        | }             |               |
|          | If "Yes," complete Schedule A  | 1        | x             |               |
| 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  | 1        | 1             | İ             |
|          | public office? If "Yes," complete Schedule C, Part I   | 3        | <u> </u>      | X             |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection in effection for the companion of the compan | t        |               | ]             |
|          | during the tax year? If "Yes," complete Schedule C, Part II  | 4        |               | x             |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | }        | 1             | İ             |
|          | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5        | <u> </u>      | x             |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | İ        |               | ļ             |
|          | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6        |               | X             |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |          |               | 1             |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        | <u> </u>      | x             |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |          | ĺ             |               |
|          | Schedule D, Part III   | 8        | Ь             | х             |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |          | ļ             | İ             |
|          | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  | 1        | ļ             | l             |
|          | 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  | ]        | l             |               |
|          | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10       | X<br>FAREFALE | 2040 x 1 − 1  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X  |          |               | 12 m          |
|          | as applicable.   | 18.8     |               | 77.2          |
| а        |  |          | 1             |               |
| _        | Part VI  | 11a      |               | X             |
| Ь        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |          | ١.            |               |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      | X             |               |
| С        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   | <b>1</b> |               | _             |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      | ļ             | X             |
| a        | 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   | <b> </b> |               |               |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |               | X             |
| e        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      |               | X             |
| 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   |          |               |               |
| 120      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 111      |               | <u> </u>      |
| 124      | O had by O Bada Mara DMI   | 12a      |               |               |
| <b>h</b> | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 128      |               | <u> </u>      |
| J        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 125      |               | x             |
| 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      |               | X             |
|          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |          | 1             | _ <del></del> |
| _        | 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      | x             |               |
| 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       | x             |               |
| 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       | _             | x             |
| 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       |               | x             |
| 9        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   | 1 7      |               | _             |
| _        | complete Schedule G, Part III  | 19       |               | <u>x</u> _    |
|          |  | Form     | <b>990</b> (2 | 2017)         |

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a . . .... **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ... .... 24b c 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 25a 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 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 25b 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." complete Schedule L, Part II .. .... . .. .. .. .. 26 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 of any of these persons? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 47. 11 instructions for applicable filing thresholds, conditions, and exceptions): 1 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ... 28b 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 ...... 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II ..... 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ... 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? ... 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? If "Yes," complete Schedule R, Part V, line 2 .. . 36 .. . 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

| Forn     | 1 990 (2017) THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-159456  | 5        | F  | age 5                   |
|----------|--|----------|--|-------------------------|
| Pa       | rt.V <sub>3</sub> Statements Regarding Other IRS Filings and Tax Compliance  |          |  |                         |
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>  |  | $\Box$                  |
|          |  |          | Yes  | No                      |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  | 0175.    |  | 199                     |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b   | 이불생      | 122  |                         |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | 3: 4     | ins in   |                         |
|          | (gambling) winnings to prize winners?  | 1c       |  |                         |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | 3        | 18 A   | 35.00                   |
|          |  | 0 (1)    | 3 P.   | 34                      |
| ь        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       |  | " " "                   |
| _        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 3900     | 1,700  | ST.V                    |
| За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |  | X                       |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   | 3b       |  |                         |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          | 1  | $\vdash$                |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |  | x                       |
| h        | If "Yes," enter the name of the foreign country.   | 7.8      | vid.   | 32 P                    |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |  | 100                     |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       | 1.5.7  | X                       |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |  | ×                       |
| -        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |  |                         |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  | ~        |  |                         |
| Qa       | any contributions that were not tax deductible as charitable contributions?  | 6a       |  | x                       |
| <b>h</b> | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | - Oa     |  | <b>-</b>                |
| U        | were not tax deductible?   | 6ь       |  |                         |
| -        | Organizations that may receive deductible contributions under section 170(c).  |          | 接上   | <b>***</b>              |
| 7        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |          | 200  | X                       |
| a        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | <del>                                     </del> | _                       |
| 0        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | 10       |  | $\vdash$                |
| С        | to file Form 8282?   | 7c       | ļ  | ı,                      |
|          | If "Yes," indicate the number of Forms 8282 filed during the year  | ***      |  |                         |
| a        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       | 2957   |                         |
| e        |  | 7f       |  | x                       |
| T        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |          |  | _                       |
| 9        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g<br>7h |  |                         |
| 'n       |  |          |  |                         |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 8        | 276  | RECH                    |
| _        | sponsoring organization have excess business holdings at any time during the year?   | ů        |  | 100                     |
| 9        | Sponsoring organizations maintaining donor advised funds.  | 00       | المد مي  | 2539                    |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |  |                         |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       | 1  |                         |
| 10       | Section 501(c)(7) organizations. Enter:  |          |  | 一流                      |
| a        | Initiation fees and capital contributions included on Part VIII, line 12   |          |  |                         |
| b        | •  |          |  | 1.13                    |
| 11       | Section 501(c)(12) organizations. Enter:   | W        | 10   |                         |
| a        | Gross income from members or shareholders 11a  | 20       |  |                         |
| Þ        | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |  |                         |
| 40       | amounts due or received from them.) 11b  | \$7373E  | AL ROS   | MET.                    |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      | 2 July 20  | 14.7°                   |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  | Y.       | 2.30   |                         |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   | <u> </u> |  | TIPE T                  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      | 17.75 A. 17                                      | कुट हो।<br>इंद्रिकेट हो |
| -        | Note. See the instructions for additional information the organization must report on Schedule O.  | 1 4      | 7  | in the                  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the   | Taria .  |  | 1                       |
|          | organization is licensed to issue qualified health plans   | WY.71    | ~>   | , <b>a</b>              |

Form **990** (2017)

14a

14b

c Enter the amount of reserves on hand ......

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| Form | 990 | (2017) | i |
|------|-----|--------|---|

| 34 |  |  |
|----|--|--|
|    |  |  |
|    |  |  |

|            | THE SEMI J. & RUTH W. BEGUN FOUNDATION  | 34-159456                             |          |             | age <b>o</b> |
|------------|---|---------------------------------------|----------|-------------|--------------|
| Pai        | TO VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th                                    |                                       | a "No" i | espon       | ISO          |
|            | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C                         | . See instructions.                   |          |             |              |
|            | Check if Schedule O contains a response or note to any line in this Part VI   |                                       | <u></u>  |             | لعا          |
| Sec        | tion A. Governing Body and Management   | ·                                     |          |             |              |
|            |   | 1 1                                   | F3750    | Yes         | No           |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a                                    | 7        | 1           | 19:1         |
|            | If there are material differences in voting rights among members of the governing body, or if the governing           |                                       | 1        | 1           |              |
|            | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                 |                                       | interis  | AL W        | 0.3          |
| b          | Enter the number of voting members included in line 1a, above, who are independent                                    | 1b                                    | 6 8 6    | 100         | 8            |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | p with any other                      | 1946     | 1           | 5            |
|            | officer, director, trustee, or key employee?  |                                       | 2        | X           | <u> </u>     |
| 3          | Did the organization delegate control over management duties customarily performed by or under the                    | e direct supervision                  |          |             |              |
|            | of officers, directors, or trustees, or key employees to a management company or other person?                        |                                       | 3        | <b>.</b>    | 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 as                 | sets?                                 | 5        | <u></u>     | X            |
| 6          | Did the organization have members or stockholders?  |                                       | 6        | x           | <b>↓</b>     |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or a                     | opoint one or                         |          |             | 1            |
|            | more members of the governing body?   |                                       | 7a       | Х.          | <u> </u>     |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members,                     | tockholders, or                       | 1        |             |              |
|            | persons other than the governing body?  |                                       | 7b       | X           | 12           |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       | ar by the following:                  |          | EU A        |              |
| а          | The governing body?   |                                       | 8a       | X           | <u> </u>     |
| þ          | Each committee with authority to act on behalf of the governing body?   |                                       | 8b       | X           | <b>└</b>     |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real            | ched at the                           |          |             |              |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                               |                                       | <u> </u> |             | X            |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal R                   | evenue Code.)                         |          | г           |              |
|            |   |                                       |          | Yes         | No           |
| 10a        | Did the organization have local chapters, branches, or affiliates?  |                                       | 10a      | ļ           | X            |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such c                | napters, affiliates,                  | İ        |             |              |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?                       |                                       | 10b      | L           | <u> </u>     |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing bod                    | y before filing the form?             | 11a      | 1000 2 63   | X            |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                         |                                       | 3        | <b>1888</b> |              |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13                               | ·· ···· · · · · · · · · · · · · · · · | 12a      | X           | L            |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts?                         | 12b      | X           | L            |
| C          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 | es," describe                         |          |             |              |
|            | in Schedule O how this was done   |                                       | 12c      | X           | <u> </u>     |
| 13         | Did the organization have a written whistleblower policy?   |                                       | 13       | X           | L            |
| 14         | Did the organization have a written document retention and destruction policy?  |                                       | 14       | X           |              |
| 15         | Did the process for determining compensation of the following persons include a review and approve                    | al by independent                     |          |             | 3            |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |                                       |          |             | <b>医</b> 第   |
| а          | The organization's CEO, Executive Director, or top management official  |                                       | 15a      |             | X            |
| b          | Other officers or key employees of the organization   |                                       | 15b      |             | X            |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                   |                                       | 9 2      | *           |              |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger           | nent with a                           |          | 4           | 1            |
|            | taxable entity during the year?   |                                       | 16a      |             | X            |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua              | e its participation                   | 1        | n W         | W.           |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 | nization's                            | 1        | 流射          | क्षे ह       |
|            | exempt status with respect to such arrangements?  |                                       | 16b      |             | <u></u>      |
| Sec        | tion C. Disclosure  |                                       |          |             |              |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶oн  |                                       |          |             |              |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1                  | (Section 501(c)(3)s only)             | availab  | le          |              |
|            | for public inspection. Indicate how you made these available. Check all that apply.                                   |                                       |          |             |              |
|            | Own website 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, con                    | nflict of interest policy, an         | d financ | cial        |              |
| -          | statements available to the public during the tax year.   |                                       |          |             |              |
| 20         | State the name, address, and telephone number of the person who possesses the organization's bo                       | oks and records:                      |          |             |              |
| -          | BARRY REIS - 216-593-2900   | ·                                     |          |             |              |
|            | 25701 SCIENCE PARK DRIVE CLEVELAND OH 44122-7302  |                                       |          |             |              |
| 732006     | 11-28-17  |                                       | Form     | 990         | (2017)       |

732006 11-28-17

# 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

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

- 1a Complete this Lable 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.

| Check this box if neither the organization n | or any related    | organization compensated any current officer, director, or trustee. |                                     |          |  |                              |          |                                 |                 |                       |
|--|-------------------|---|-------------------------------------|----------|--|------------------------------|----------|---------------------------------|-----------------|-----------------------|
| (A) (B)                                      |                   |   |                                     |          | C)   |                              |          | (D)                             | (E) ·           | (F)                   |
| Name and Title                               | Average           | (de   | Position<br>(do not check more than |          |  |                              | one      | Reportable                      | Reportable      | Estimated             |
|  | hours per         | bo  | k, unle                             | ss pe    | a person is both an<br>a director/trustee) |                              |          | compensation                    | compensation    | amount of             |
|  | week              | $\vdash$  | 1                                   | 10 a 0   | irecic                                     | Juus                         | 100)     | from                            | from related    | other                 |
|  | (list any         | 탈   | İ                                   | ĺ        |  |                              |          | the                             | organizations   | compensation          |
|  | hours for related | 1 5   | 異                                   |          | ľ  | Safted                       |          | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
|  | organizations     | individual trustee or director                                      | E                                   |          | , E  |                              |          | (44-2/1099-141130)              | į               | and related           |
|  | below             | 를   | 鼍                                   | _        | e e  | S at                         |          |                                 |                 | organizations         |
|  | line)             | MP  | Institutional trustee               | <b>B</b> | Key employee                               | Highest compensated employee | Former   |                                 |                 |                       |
| (1) DR ALLAN STEINHARDT                      | 0.30              |   | İ                                   |          |  |                              |          |                                 |                 |                       |
| TRUSTEE/PRESIDENT                            | 0.00              | X   | <u> </u>                            | X        | $oxed{}$                                   |                              |          | 0,                              | 0.              | 0.                    |
| (2) J DAVID HELLER                           | 0.10              |   |                                     | f        |  |                              | 1        |                                 |                 |                       |
| TRUSTEE                                      | 0.50              | X   | L.,                                 | <u> </u> |  |                              |          | 0.                              | 0.              | 0.                    |
| (3) SALLY H WERTHEIM                         | 0.30              |   |                                     | ١.,      |  |                              |          |                                 |                 |                       |
| TRUSTEE/VICE PRESIDENT                       | 2.30              | X   |                                     | X        |  |                              | Ш        | 0.                              | 0.              | 0.                    |
| (4) PETER BALDI                              | 0.10              |   |                                     |          | i .  |                              |          |                                 |                 |                       |
| TRUSTEE                                      | 0.00              | X   |                                     |          |  |                              | Ш        | 0.                              | 0.              | 0.                    |
| (5) MARCIA J WEXBERG UNTIL 11.2.201          | 0.10              |   |                                     |          |  |                              |          |                                 |                 |                       |
| TRUSTEE                                      | 0.10              | x   |                                     |          |  | Ì                            |          | 0.                              | 0.              | 0.                    |
| (6) STEPHEN H HOFFMAN                        | 0,10              |   |                                     |          |  |                              |          |                                 |                 |                       |
| TRUSTEE                                      | 40.00             | x   |                                     |          |  |                              |          |                                 | 557,199,        | 45,851,               |
| (7) KENNETH HOCHMAN                          | 0,10              |   |                                     |          |  |                              |          |                                 |                 |                       |
| TRUSTEE                                      | 2,10              | x   |                                     |          |  |                              |          |                                 | 0.              | 0.                    |
| (8) DANIEL ZELMAN                            | 0,10              |   |                                     |          |  |                              |          |                                 |                 |                       |
| TRUSTSE EFF. 11.2.2017                       | 4.30              | X.  |                                     |          |  |                              |          |                                 | 0.              | 0.                    |
| (9) HEDY P MILGROM                           | 0,20              |   |                                     |          |  |                              |          |                                 |                 |                       |
| SECRETARY                                    | 40.00             |   |                                     | x        |  |                              |          |                                 | 198 041         | 13,434.               |
| (10) BARRY REIS                              | 0.20              |   |                                     |          |  |                              |          |                                 |                 |                       |
| TREASURER                                    | 40.00             |   |                                     | x        |  |                              |          | 0.                              | 308,482,        | 44 076.               |
| (11) SHEILA ALLENICK UNTIL 11.2.2017         | 0.20              |   |                                     |          |  | ł                            |          |                                 |                 |                       |
| ASSISTANT TREASURER                          | 40.00             |   |                                     | х        |  |                              |          |                                 | 84 518          | 9,267,                |
| (12) KARI BLUMENTHAL                         | 0,20              |   |                                     |          | Ì  |                              |          |                                 |                 |                       |
| ASSIST TREAS EFF 11.2.2017                   | 40.00             |   |                                     | x        |  |                              |          | 0,                              | 125 384.        | 17,445,               |
| (13) SUEZETTE STEINHARDT                     | 0,20              |   |                                     |          |  |                              | T        |                                 |                 |                       |
| VICE PRES EFF 11.2.2017                      | 0,00              |   |                                     | x        |  |                              |          | 0,                              | 0.              | 0.                    |
|  |                   |   |                                     |          |  |                              |          |                                 |                 |                       |
|  |                   |   |                                     |          |  |                              |          |                                 |                 |                       |
|  |                   |   |                                     |          |  | T                            | T        |                                 |                 |                       |
|  |                   |   | _                                   |          | $\perp$                                    |                              | $\perp$  |                                 |                 |                       |
|  |                   | Į   |                                     |          |  |                              |          |                                 |                 |                       |
|  |                   | 4   |                                     |          | _  | $\dashv$                     | $\dashv$ |                                 |                 |                       |
|  |                   | Į   |                                     |          | - }  | - (                          |          | ļ                               |                 |                       |
|  |                   |   |                                     |          |  |                              |          |                                 |                 | 000 (00.77            |

Form 990 (2017)

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Form 990 (2017)

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Part IX Statement of Functional Expenses

| Seci     | ion 501(c)(3) and 501(c)(4) organizations must con<br>Check if Schedule O contains a respo         |                |                                    | ompiete column (A).                   |  |
|----------|--|----------------|------------------------------------|---------------------------------------|--|
| Do       | not include amounts reported on lines 6b,  | (A)            | (B)                                | (C)                                   | (D)  |
|          | 8b, 9b, and 10b of Part VIII.  | Total expenses | (B)<br>Program service<br>expenses | Management and general expenses       | Fundraising expenses   |
| 1        | Grants and other assistance to domestic organizations  |                |                                    |                                       |  |
|          | and domestic governments. See Part IV, line 21   | 439,786,       | 439,786,                           |                                       | A Property of the Control of the Con |
| 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  | 1              |                                    |                                       |  |
|          | individuals. See Part IV, lines 15 and 16  | 157,260,       | 157,260,                           |                                       |  |
| 4        | Benefits paid to or for members  |                |                                    |                                       | War and the second   |
| 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   |                |                                    | <del> </del>                          |  |
| 5        | section 401(k) and 403(b) employer contributions)  |                |                                    |                                       |  |
| 9        | Other employee benefits  |                | -                                  |                                       |  |
| 10       | Payroll taxes  |                |                                    |                                       | <u> </u>   |
| 11       | Fees for services (non-employees).   | ,              |                                    |                                       |  |
|          | Management   |                | ,                                  |                                       |  |
| b        |  | -              |                                    |                                       |  |
| C        |  |                |                                    |                                       |  |
| d        | Lobbying   |                |                                    |                                       |  |
| е        | Professional fundraising services. See Part IV, line 17  |                | WWW. MARKET                        | <b>以是我们的对象的</b>                       | •  |
| f        | Investment management fees   | 103,907.       |                                    | 103,907.                              |  |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   |                | , ·                                |                                       |  |
|          | column (A) amount, list line 11g expenses on Sch 0.)   |                |                                    |                                       |  |
| 12 ,     | Advertising and promotion  |                |                                    |                                       |  |
| 13       | Office expenses  |                |                                    |                                       |  |
| 14       | Information technology .   |                |                                    |                                       |  |
| 15       | Royalties  |                |                                    | · · · · · · · · · · · · · · · · · · · |  |
| 16       | Occupancy  |                |                                    |                                       | ·  |
| 17       | Travel   |                |                                    |                                       |  |
| 18       | Payments of travel or entertainment expenses   |                |                                    |                                       |  |
| 40       | for any federal, state, or local public officials  |                |                                    |                                       |  |
| 19       | Conferences, conventions, and meetings   |                |                                    |                                       | <u> </u>   |
| 20<br>21 | Interest<br>Payments to affiliates   |                | <u> </u>                           |                                       | <del></del> -  |
| 21<br>22 | Depreciation, depletion, and amortization  |                |                                    |                                       | · · ·  |
| 22<br>23 | Insurance  |                |                                    |                                       |  |
| 24       | Other expenses. Itemize expenses not covered   |                |                                    |                                       |  |
|          | above. (List miscellaneous expenses in line 24e. If line   |                |                                    |                                       |  |
|          | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       |                |                                    |                                       | 是其份。此是如外   |
| а        | INVEST & ADMIN FEES JFC  | 30,482,        |                                    | 30,482.                               |  |
| b        | FILING FEES  | 200.           |                                    | 200.                                  |  |
| С        |  |                |                                    |                                       |  |
| d        |  |                |                                    |                                       |  |
| e        | All other expenses   |                |                                    |                                       |  |
| 25_      | Total functional expenses. Add lines 1 through 24e   | 731,635.       | 597,046.                           | 134,589,                              | 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 fif following SOP 98-2 (ASC 958-720)  |                |                                    |                                       |  |

| art X | Balance Sheet   |  |          |  |
|-------|---|--|----------|--|
|       | Check if Schedule O contains a response or note to any line in this Part X        |  | <u> </u> | <u>,, , , , , , , , , , , , , , , , , , ,</u>  |
|       |   | (A)<br>Beginning of year   |          | (B)<br>End of year   |
| 1     | Cash - non-interest-bearing   |  | 1        |  |
| 2     | Savings and temporary cash investments  | 1,196,696.   | 2        | 1,206,007  |
| 3     | Pledges and grants receivable, net  |  | 3        |  |
| 4     | Accounts receivable, net  |  | 4        |  |
| 5     | Loans and other receivables from current and former officers, directors,          | <b>企会是在</b> 更多的  |          | To Carl Black  |
|       | trustees, key employees, and highest compensated employees. Complete              |  |          | STATE OF THE PARTY.  |
|       | Part II of Schedule L   | THE RESIDENCE THE PROPERTY OF THE PARTY OF T | 5        | No. of the Third Is a second she for blines  |
| 6     | Loans and other receivables from other disqualified persons (as defined under     |  | 577      | TO THE STATE OF TH |
|       | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |  |          |  |
|       | employers and sponsoring organizations of section 501(c)(9) voluntary             |  |          | Programme and the second second second second second second second second second second second second second se  |
| .     | employees' beneficiary organizations (see instr). Complete Part II of Sch L       | CONTRACTOR AND CONTRACTOR OF TAXABLE MARKET  | 6        | A William March of the last control to the control  |
| 7     | Notes and loans receivable, net   | <del></del>  | 7        | †  |
| 8     | Inventories for sale or use   |  | 8        |  |
| 9     | Prepaid expenses and deferred charges   |  | 9        |  |
| 10a   |   |  |          | CONTRACTOR OF THE  |
| 108   | basis. Complete Part VI of Schedule D 10a   |  |          |  |
| ١.    | Less: accumulated depreciation 10b  | 公司。1460年20日 1850年18日 1850年18日  | 10c      | RECEIVED AND THE PROPERTY OF T |
| - 1   | Investments - publicly traded securities  | 20 111 022   | 11       | 22 540 010   |
| 11    | Investments - other securities. See Part IV, line 11                              | 20,111,832,  |          | 23,540,212   |
| 12    |   | 5,069,606.   | 12       | 5,263,731  |
| 13    | Investments - program-related See Part IV, line 11                                |  | 13       | <del>                                     </del>   |
| 14    | Intangible assets   |  | 14       | <del> </del>   |
| 15    | Other assets. See Part IV, line 11  |  | 15       |  |
| 16    | Total assets. Add lines 1 through 15 (must equal line 34)                         | 26 378 134   | 16       | 30 009 950   |
| 17    | Accounts payable and accrued expenses   | 928.   | 17       |  |
| 18    | Grants payable  | 2,054,014.   | 18       | 1,234,485  |
| 19    | Deferred revenue  | ·  | 19       |  |
| 20    | Tax-exempt bond liabilities   | ,  | 20       |  |
| 21    | Escrow or custodial account liability. Complete Part IV of Schedule D             |  | 21       | PATRICHES TO SERVE SHEET SERVED SA   |
| 22    | Loans and other payables to current and former officers, directors, trustees,     |  |          |  |
| 22    | key employees, highest compensated employees, and disqualified persons            |  | MI       |  |
| 1     | Complete Part II of Schedule L  |  | 22       |  |
| 23    | Secured mortgages and notes payable to unrelated third parties                    |  | 23       |  |
| 24    | Unsecured notes and loans payable to unrelated third parties                      | <u> </u>   | 24       |  |
| 25    | 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       | !<br>  |
| 26    | Total liabilities. Add lines 17 through 25  | 2 054 942  | 26       | 1 234 485  |
|       | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗆 x 📗 and              |  |          |  |
|       | complete lines 27 through 29, and lines 33 and 34.                                |  | 5.21     |  |
| 27    | Unrestricted net assets   | 24,323,192.  | 27       | 28,775,465   |
| 28    | Temporanly restricted net assets  |  | 28       |  |
| 29    | Permanently restricted net assets   | Marin Propries survey ago y what so were specific with   | 29       | Fig. of the Park House and Come and Those and the  |
| [     | Organizations that do not follow SFAS 117 (ASC 958), check here ▶                 |  |          |  |
| 1     | and complete lines 30 through 34.   |  | 常報       |  |
| 30    | Capital stock or trust principal, or current funds                                |  | 30       | <br>   |
| 31    | Paid-in or capital surplus, or land, building, or equipment fund                  |  | 31       |  |
| 32    | Retained earnings, endowment, accumulated income, or other funds                  |  | 32       |  |
| 33    | Total net assets or fund balances   | 24,323,192.  | 33       | 28,775,465   |
| 34    | Total liabilities and net assets/fund balances                                    | 26 378 134.  | 34       | 30 009 950   |

30 009 950 Form **990** (2017)

|    | 990 (2017) THE SEMI J. & RUTH W. BEGUN FOUNDATION   | 34-1594565  | <u> </u>    | Pa          | ge 12          |
|----|---|-------------|-------------|-------------|----------------|
| Рá | Reconciliation of Net Assets  |             |             |             |                |
|    | Check if Schedule O contains a response or note to any line in this Part XI   | <del></del> |             |             | <u> </u>       |
|    |   |             |             |             |                |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | _1          | 1           |             | <u>, 301</u> . |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2           | <del></del> | 731         | <u>635.</u>    |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3           |             | 991         | <u>.666.</u>   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4           | 24          | <u> 323</u> | <u>.192.</u>   |
| 5  | Net unrealized gains (losses) on investments  | 5           | 3           | 460         | 607.           |
| 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           |             |             | 0.             |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                  |             |             |             |                |
|    | column (B))   | 10          | 28          | .775        | 465.           |
| Pa | TXIII Financial Statements and Reporting  |             |             |             |                |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |             | <u> </u>    |             |                |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |             |             | Yes         | No             |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Ο.          | 暖園          |             |                |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |             | 2a          |             | X              |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a        | 0602        |             |                |
|    | separate basis, consolidated basis, or both:  |             |             |             |                |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |             | NA.         |             |                |
| þ  | Were the organization's financial statements audited by an independent accountant?                                  |             | 2b          |             | x              |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | ə basis,    |             |             |                |
|    | consolidated basis, or both:  |             | 4           |             |                |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |             |             |             |                |
| C  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audit,      |             | or i        |                |
|    | review, or compilation of its financial statements and selection of an independent accountant?                      |             | 2c          |             |                |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O.     |             |             | 100            |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir |             | 稿           |             |                |
|    | 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  | red audit   |             |             | [ <del>-</del> |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |             | 3b          |             |                |
|    |   |             | Form        | 990         | (2017)         |

## **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.

OMB No 1545-0047 n to Public Inspection

Name of the organization **Employer identification number** & RUTH W. BEGUN FOUNDATION 34-1594565 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (fi) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) JEWISH FEDERATION OF 3<u>4-0714445</u> CLEVELAND 410,000 Total 410,000

|     | ·   |  |  |                        |   |  |                |
|-----|---|--|--|------------------------|---|--|----------------|
| Sch | nedule A (Form 990 or 990 EZ) 2017<br>art III Support Schedule 1        | 7 THE SEMI J. &  | RUTH W. BEGUN                                    | FOUNDATION             | /b\/4\/A\/iv\ on  | 34-1594565   |                |
| Pa  | Support Schedule 1 (Complete only if you che                            | _  |  |                        |   |  | -              |
|     | fails to qualify under the t  |  |  | -                      | Trailed to qualify t  |  | organization   |
| Sec | ction A. Public Support   | <del></del>  |  |                        |   |  |                |
|     | endar year (or fiscal year beginning in                                 | (a) 2013   | (b) 2014   | (c) 2015               | (d) 2016  | (e) 2017   | (f) Total      |
|     | Gifts, grants, contributions, and                                       | ,  |  |                        |   | /  |                |
|     | membership fees received. (Do no  | ot   |  |                        |   |  |                |
|     | include any "unusual grants.")  |  |  | i i                    |   |  |                |
| 2   | Tax revenues levied for the organ                                       | 1-   |  |                        |   |  |                |
|     | ızation's benefit and either paid to                                    | 0  |  |                        |   |  |                |
|     | or expended on its behalf   |  | +\-  |                        |   |  |                |
| 3   | The value of services or facilities                                     |  |  | Ì                      |   |  |                |
|     | furnished by a governmental unit<br>the organization without charge     | 10   |  |                        |   |  |                |
| _   | Total. Add lines 1 through 3  | •  | <del>                                     </del> |                        | /   |  |                |
| 5   |   | 1.0360.00  | fr minage of the                                 | Service And Anticoper  | AND COME TO THE AND COME  | W. H. W. Said and an order   |                |
| •   | by each person (other than a  | े कर्य कार्यात स्थापनी स्थापनी   | MANY RECOMMODE                                   | Marie de suite la tria | Species of the species of   | iidhan terronga  |                |
|     | governmental unit or publicly   | <b>新</b>   |  | N. L. Z.               | THE PART AND A  | THE PROPERTY OF THE PARTY OF TH |                |
|     | supported organization) included  |  |  | e very great           | Maria de la compansa | service majorite   |                |
|     | on line 1 that exceeds 2% of the  | 13120 man  | concentrations                                   | Maria Maria            | ACLERIA MELECAN   | in Concenten   |                |
|     | amount shown on line 11,  | A STATE OF THE STA | ** PAC 1950                                      |                        | 454 × 30/2 k  |  |                |
|     | column (f)  | 100  |  |                        |   | 302894757  |                |
|     | Public support. Subtract line 5 from lin                                | ne 4   |  |                        |   |  | <del></del>    |
|     | ction B. Total Support  |  |  | <u> </u>               | · · · · · · · · · · · · · · · · · · ·   | r  |                |
|     | endar year (or fiscal year beginning in                                 | (a) 2013   | (b) 2014/  | (c) 2015               | (d) 2016  | <b>(e)</b> 2017  | (f) Total      |
| -   | Amounts from line 4   |  | <del>                                     </del> | <del>\ \ \</del>       |   | <del></del>  |                |
| 8   | ,   |  |  | \                      |   |  |                |
|     | dividends, payments received on<br>securities loans, rents, royalties,  | '  |  |                        |   | }  |                |
|     | and income from similar sources   |  |  |                        |   |  |                |
| 9   |   | ess  | /  |                        | \   |  |                |
|     | activities, whether or not the  |  | <b>,</b>  '                                      |                        |   | İ  |                |
|     | business is regularly carried on  |  | <u> </u>   |                        | \   |  |                |
| 10  | Other income. Do not include gain                                       | n /  |  |                        |   |  |                |
|     | or loss from the sale of capital  |  |  |                        | \   |  |                |
|     | assets (Explain in Part VI.)  |  |  |                        |   |  |                |
|     | Total support. Add lines 7 through                                      |  |  |                        |   |  |                |
|     | Gross receipts from related activi                                      | ,  |  |                        |   | 12   | <del></del>    |
| 13  | First five years. If the Form 990 i<br>organization, check this box and | , -  | 's tirst, second, thir                           | a, tourth, or titth ta | ix year as a section  | n 501(c)(3)  | - □            |
| Sec | ction C. Computation of P   |  | ercentage  | ······                 | <u></u>   | \  |                |
|     | Public support percentage for 20  | · · · <u>·</u> · · · · · · · · · · · · · · ·   |  | column (fi)            |   | 14   | %              |
|     | Public support percentage from 2  | ,  |  |                        |   | 15`  | %              |
| 16a | a 33 1/3% support test - 2017. If t                                     | the organization did n   | ot check the box o                               | n line 13, and line 1  | 14 is 33 1/3% or m  | ore, check this box  | and            |
|     | stop here. The organization quali                                       | ifies as a publicly sup  | ported organization                              | ·                      |   |  | ▶□             |
| b   | o 33 1/3% support test - 2016. If t                                     | _  |  |                        |   |  | box            |
|     | and stop here. The organization   |  |  |                        |   | `  | ▶∟             |
| 17a | a 10% -facts-and-circumstances  |  | -  |                        |   | `  |                |
|     | and if the organization meets the                                       |  |  | -                      | •   | t VI how the organiz   | ation          |
|     | meets the "facts and circumstance                                       | •  | •  |                        | •   |  | <b>P</b>       |
| b   | 10% -facts-and-circumstances<br>more, and if the organization mee       | •  | _  |                        |   | · \  | 770 UI         |
|     | organization meets the "facts-and                                       |  |  |                        | •   |  | \ ▶□           |
| 18  | Private foundation. If the organiz                                      |  | =  | •                      | · · · · · ·   |  | \" <b>\</b>    |
|     | att reasonation in the organiz  | on and not ontoon a  |  |                        |   | dule A (Form 990 o   | r 990-EZ) 2017 |
|     |   |  |  |                        | 2300  |  | \              |
|     |   |  |  |                        |   |  | \              |
|     |   |  |  |                        |   |  | \              |

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDATION

[Part III] Support Schedule for Organizations Described in Section 509(a)(2)

|  | <ul> <li>(Complete only if you checked</li> </ul>  | d the box on line 1  | 0 of Part I or if the  | organization failed  | to qualify under   | Part II. If the organ  | nizatíon fails to                      |
|--|--|--|--|--|--|--|--|
|  | qualify under the tests listed I   | below, please com  | plete Part II.)  |  |  | /  | /                                      |
| Sec  | ction A. Public Support  |  |  |  |  |  |  |
| Cale   | ndar year (or fiscal year beginning in)  | (a) 2013   | (b) 2014   | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total                              |
| 1  | Gifts, grants, contributions, and  |  | N .  |  |  |  |  |
|  | membership fees received. (Do not  |  | <b>N</b>   | ļ  | i  |  |  |
|  | include any "unusual grants.")   |  |  | <u> </u>   |  |  |  |
| 2  | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the  |  |  |  |  |  |  |
| _  | organization's tax-exempt purpose  |  | <del>                                     </del>   | <u> </u>   |  | <del></del>  | <del> </del>                           |
| 3  | Gross receipts from activities that  |  | \  |  |  | Ì  |  |
|  | are not an unrelated trade or bus-   |  |  |  |  |  |  |
| _  | iness under section 513  | <u> </u>   | <del>                                     </del>   |  | <del> </del>   | <del></del>  | <del> </del>                           |
| 4  | Tax revenues levied for the organ-   |  |  | /  |  | 1  |  |
|  | ization's benefit and either paid to   |  |  |  |  | 1  |  |
| _  | or expended on its behalf  | <b></b>  | <del>                                     </del>   |  |  | <del> </del>   | <del> </del>                           |
| 5  | The value of services or facilities  |  |  | \ /  |  |  |  |
|  | furnished by a governmental unit to  |  |  | \ /  |  | l  |  |
|  | the organization without charge  |  |  | <del>- X</del>   |  | <del> </del>   | <del> </del>                           |
|  | Total. Add lines 1 through 5   |  | <del></del>  | / \  |  |  | <del> </del>                           |
| 7a   | Amounts included on lines 1, 2, and  | }  | {  | / \  |  |  |  |
|  | 3 received from disqualified persons   |  | /  |  |  | <u> </u>   | <del> </del>                           |
| D  | Amounts included on lines 2 and 3 received from other than disqualified persons that   | i  |  | \  |  | ļ  | 1                                      |
|  | exceed the greater of \$5,000 or 1% of the   | ŀ  |  | \  | ı  | }  | }                                      |
|  | amount on line 13 for the year   |  |  |  |  |  | <del> </del>                           |
|  | Add lines 7a and 7b  | and the second s |  |  |  | Market and a second  | <u> </u>                               |
|  | Public support. (Subtract line 7c from line 6)   |  |  | <b>医原始系统</b>   | STATE OF THE PARTY | Company of the Company   | 4                                      |
|  | tion B. Total Support  |  | /  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Cale   | ndar year (or fiscal year beginning in) 🕨  | (a) 2013   | / <b>(b)</b> 2014  | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9  | Amounts from line 6  | (a) 2013   | / <b>(b)</b> 2014  | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total                              |
| 9  |  | (a) 2013   | <b>(b)</b> 2014  | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses   | (a) 2013   | <b>(b)</b> 2014  | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income  | (a) 2013   | <b>(b)</b> 2014  | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  | (a) 2013   | (b) 2014   | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is   | (a) 2013   | (b) 2014   | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b<br>c<br>11   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 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   | (a) 2013   | (b) 2014   | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b<br>c<br>11   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 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.)  | (a) 2013   | (b) 2014   | (c) 2015   | `(d) 2016  | (e) 2017   | (f) Total                              |
| 9<br>10a<br>b<br>c<br>11   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 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.) Total support. (Add lines 9, 10c, 11 and 12)   |  | 7  |  |  |  |  |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 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.) Total support. (Add lines 9, 10c, 11 and 12) First five years. If the Form 990 is for  |  | 7  |  |  |  |  |
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# 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.)

## Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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.
- 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 was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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.
- c 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.
- 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.
  - 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.)

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Sche | edule A (Form 990 or 990-EZ) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDA            |            |  | 4-1594565 Page <b>6</b>  |
|------|---|------------|--|--|
| Ľа   | Type III Non-Functionally Integrated 509(a)(3) Supporting                       |            |  |  |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust ( | on Nov. 20, 1970 (explain in l   | Part VI.) See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must con-   | omplete    | Sections A through E.  |  |
| Sect | ion A - Adjusted Net Income   |            | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1    | Net short-term capital gain   | 1          |  |  |
| 2    | Recovenes 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                |            |  |  |
|      | 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 - Minimum Asset Amount  | •          | (A) Prior Year   | (B) Current Year (optional)  |
| 1    | Aggregate tair market value of all non-exempt-use assets (see                   | 10 100     | TO THE PARTY OF TH |  |
| •    | instructions for short tax year or assets held for part of year):               |            |  |  |
|      | Average monthly value of securities   | 1a         | THE PERSON NAMED IN PROPERTY OF THE PERSON NAMED IN PROPERTY O | ALCONOMIST THE PROPERTY OF THE |
|      | Average monthly cash balances   | 1b         |  |  |
|      | Fair market value of other non-exempt-use assets                                | 1c         | ·  |  |
|      | Total (add lines 1a, 1b, and 1c)  | 1d         |  |  |
|      | Discount claimed for blockage or other  |            | THE PARTY OF THE P |  |
| Ī    | factors (explain in detail in Part VI):   |            |  | IT THE IN THE RESERVE TO THE PROPERTY OF   |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2          | THE WASTERSON TO THE THE PROPERTY OF THE PAR | CONTRACTOR TARREST NO. MARK TO   |
| 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 | ion C - Distributable Amount  | •          | redski de je vrojeka<br>Projeka kali se je   | Current Year   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1          |  |  |
| 2    | Enter 85% of line 1   |            |  | ·  |
| 3    | Mınımum asset amount for prior year (from Section B, line 8, Column A)          |            | THE PLANT OF THE PARTY.  |  |
| 4    | Enter greater of line 2 or line 3   |            | ELECTIVE PARTY   |  |
| 5    | Income tax imposed in pnor year   | 5          | Estation is one  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |            |  |  |
|      | emergency temporary reduction (see instructions)                                | 6          |  |  |
| 7    | Check here if the current year is the organization's first as a non-functional  |            |  | nization (see  |
|      | instructions).  |            | 2, -FF- <b>VV</b>  | •  |

Schedule A (Form 990 or 990-EZ) 2017

| Part V Type III Non-Functionally Integrated 50   |   | anizations (continued)  |  |
|--|---|---|--|
| Section D - Distributions  |   |   | Current Year   |
| 1 Amounts paid to supported organizations to accomplish ex   | cempt purposes  |   |  |
| 2 Amounts paid to perform activity that directly furthers exen   | npt purposes of supported   | •   |  |
| organizations, in excess of income from activity   |   |   |  |
| 3 Administrative expenses paid to accomplish exempt purpo  | ses of supported organization   | ns  |  |
| 4 Amounts paid to acquire exempt-use assets  |   | •   | _  |
| 5 Qualified set-aside amounts (prior IRS approval required)  |   | • •   |  |
| 6 Other distributions (describe in Part VI). See instructions.   |   |   |  |
| 7 Total annual distributions. Add lines 1 through 6.   |   |   |  |
| 8 Distributions to attentive supported organizations to which  | the organization is responsive  | <del></del>   |  |
| (provide details in Part VI). See instructions.  |   |   |  |
| 9 Distributable amount for 2017 from Section C, line 6   |   | <u> </u>  |  |
| 10 Line 8 amount divided by line 9 amount  | •   |   |  |
|  | (i) -   | (ii)  | (iii)  |
| Section E - Distribution Allocations (see instructions)  | Excess Distributions  | Underdistributions<br>Pre-2017  | Distributable<br>Amount for 2017   |
| Distributable amount for 2017 from Section C, line 6   |   |   |  |
| 2 Underdistributions, if any, for years prior to 2017 (reason-   |   |   | Service de la compansión de la compansió |
| able cause required- explain in Part VI). See instructions.  |   |   |  |
| 3 Excess distributions carryover, if any, to 2017  |   |   |  |
| a Scenario Carry Control of the Cont |   |   |  |
| b From 2013  |   |   |  |
| c From 2014  |   |   |  |
| d From 2015  |   |   |  |
| e From 2016  |   |   |  |
| f Total of lines 3a through e  | White the same of |   |  |
| g Applied to underdistributions of prior years   |   |   |  |
| h Applied to 2017 distributable amount   |   |   | HISTORY THE PROPERTY OF THE PROPERTY OF THE  |
|  |   |   |  |
| i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   | ACTIVATION OF THE PARTY AND AND AND AND AND AND AND AND AND AND   |  |
| a Applied to underdistributions of prior years   |   |   |  |
| b Applied to 2017 distributable amount  c Remainder, Subtract lines 4a and 4b from 4.  |   |   |  |
|  |   |   |  |
| 5 Remaining underdistributions for years prior to 2017, if   |   |   |  |
| any. Subtract lines 3g and 4a from line 2. For result greater  |   |   |  |
| than zero, explain in Part VI. See instructions.   |   |   |  |
| 6 Remaining underdistributions for 2017. Subtract lines 3h   |   |   |  |
| and 4b from line 1. For result greater than zero, explain in   |   |   | ,  |
| Part VI. See instructions.   |   |   |  |
| 7 Excess distributions carryover to 2018. Add lines 3j<br>and 4c.  |   |   |  |
| 8 Breakdown of line 7:   |   |   |  |
|  |   |   |  |
|  |   |   |  |
| b Excess from 2014   |   |   | WELL TANKS TO ME TO THE TANKS TO THE TANKS TO THE TANKS TO THE TANKS TO THE TANKS TO THE TANKS TO THE TANKS TO   |
| c Excess from 2015   |   |   |  |
| d Excess from 2016   |   |   |  |
| e Excess from 2017   | THE REPORT OF THE PARTY OF THE PARTY.   | MANUAL CALLS DE LA CALLE DE LA CALLE DE LA CALLE DE LA CALLE DE LA CALLE DE LA CALLE DE LA CALLE DE LA CALLE DE |  |

| Schedule A (Form 990 or 990-EZ) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDATION  | 34-1594565                                     | Page 8           |
|--|--|------------------|
| Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.) | and 2; Part IV, Section, Section B, line 1e; P | on C,<br>Part V, |
| SCHEDULE A, PART IV, LINE 6  |  |                  |
| GRANTS WERE MADE TO OTHER SECTION 501(C)(3) ORGANIZATIONS CLASSIFIED AS  |  |                  |
| PUBLIC CHARITIES WHICH CARRY OUT THE CHARITABLE PURPOSES OF THE  |  |                  |
| FEDERATION IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 509(A)(3)(A).  |  |                  |
| SUCH GRANTS ARE IN FURTHERANCE OF THE FEDERATION'S CHARITABLE PURPOSES   |  |                  |
| AND CONSTITUTE PERFORMING THE FUNCTION OF THE FEDERATION BY  |  |                  |
| SUPPLEMENTING AND ENHANCING THE FEDERATION'S GRANT MAKING PROGRAM.   |  |                  |
| 1 GRANT EQUAL TO \$4,786 WAS MADE TO A SECTION 501(C)(3) ORGANIZATION  |  |                  |
| CLASSIFIED AS A PUBLIC CHARITY, WHICH CARRIES OUT THE CHARITABLE   |  |                  |
| PURPOSES OF THE FEDERATION IN ACCORDANCE WITH THE REQUIREMENTS OF  |  |                  |
| SECTION 509(A)(3)(A). THIS GRANT IS IN FURTHERANCE OF THE FEDERATION'S   |  |                  |
| CHARITABLE PURPOSES AND CONSTITUTES PERFORMING THE FUNCTION OF THE   | <del></del>                                    |                  |
| FEDERATION BY SUPPLEMENTING AND ENHANCING THE FEDERATION'S GRANT MAKING  |  |                  |
| PROGRAM,   |  | <del></del>      |
|  |  |                  |
| A LIST OF SUCH GRANTS IN EXCESS OF \$5,000 IS INCLUDED IN SCHEDULE F &   |  |                  |
| <u>I.</u>  | <u></u>  |                  |
|  |  | —·—              |
|  |  |                  |
|  |  |                  |
|  | <del></del>                                    |                  |
|  | · · · · · · · · · · · · · · · · · · ·          |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |

| abor Complete inc. 1 if any entity is listed in Bode II. III. or IV at this asked in  |   |                             |   |                                       | ,  |
|---|---|-----------------------------|---|---------------------------------------|--|
| NOISE: COMPIGED INTO THE GITY GIVEN IN PRICE II, III, OF IV OF THE SCHEDULE.  |   |                             |   | _                                     | Yes No   |
| 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? | s with one or more re                   | plated organizations listed | I in Parts II-IV?                       |                                       |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | :                                       | :                           | :                                       |                                       | 1a . x   |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  | :                                       | :                           |   |                                       | 1b x   |
| c Gift, grant, or capital contribution from related organization(s)   |   |                             |   |                                       | 1c x   |
|   |   |                             |   |                                       | 1d x   |
| :   |   |                             | :                                       | :                                     | te x   |
|   |   |                             |   |                                       | 一般を変える   |
| f Dividends from related organization(s)  | :                                       |                             | :                                       |                                       | 1f   X   |
|   | :                                       |                             | :                                       |                                       | 1g X   |
|   |   |                             |   |                                       | 4  |
| :   |   |                             |   |                                       |  |
| inization(s)  |   |                             |   |                                       |  |
|   |   | :                           |   |                                       |  |
| k Lease of facilities, equipment, or other assets from related organization(s)  |   |                             | •                                       |                                       | 3  |
|   | nization(s)                             | :                           | :<br>:                                  |                                       | +<br>×   |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | nization(s)                             | :                           | :                                       |                                       | <b>&gt;</b>  |
| n Sharing of facilities, equipment, mailing lists or other assets with related organization(s)  |   | :                           |   |                                       | +  |
|   |   | :                           | : |                                       | •  |
|   |   | :                           | :                                       | :                                     | V G II WE GOOD   |
| <ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>  |   |                             |   |                                       | The state of the s |
| Reimbursement baid by related organization(s) for expenses  |   | :                           | :                                       | :                                     | 4  |
|   | : | :<br>:                      | :                                       |                                       | 1 1 1 1 1  |
| r Other transfer of cash or property to related organization(s)   | :                                       |                             |   |                                       | + ×  |
| (8)   | :                                       |                             |   |                                       | ×  |
|   | no must complete the                    | nis line, including covered | relationships and transactic            | on thresholds.                        | 1  |
| (a)   | <b>(a)</b>                              | (0)                         |   | (Q)                                   |  |
| Natire of related organization  | Iransaction<br>type (a·s)               | Amount involved             | Method of det                           | Method of determining amount involved | olved  |
| (1)   |   |                             |   |                                       |  |
|   |   |                             |   |                                       |  |
|   |   |                             |   |                                       |  |
|   |   |                             |   |                                       |  |
|   |   |                             |   |                                       |  |
| (4)   |   |                             |   |                                       |  |
|   |   |                             |   |                                       |  |
| (6)   |   |                             |   |                                       |  |
| 9   |   | _                           |   |                                       |  |
|   |   |                             |   |                                       |  |

(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

Name of the organization

Employer identification number

|         | THE SEMI J. & RUTH W. BEGUN FOUNDATION   |   | 34-1594565                            |
|---------|--|---|---------------------------------------|
| Pa      | Organizations Maintaining Donor Advised Funds or Other                                       | er Similar Funds or A                         | Accounts. Complete if the             |
|         | organization answered "Yes" on Form 990, Part IV, line 6.                                    |   |                                       |
|         | (a) Donor adv  | ised funds (                                  | (b) Funds 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 writing that the assets         | s held in donor advised fun                   |                                       |
|         | are the organization's property, subject to the organization's exclusive legal control       | ) ?   | Yes No                                |
| 6       | Did the organization inform all grantees, donors, and donor advisors in writing that         | grant funds can be used o                     | only                                  |
|         | for charitable purposes and not for the benefit of the donor or donor advisor, or fo         | r any other purpose confer                    | rring                                 |
| . — 2 X | impermissible private benefit?   | <u> </u>                                      | Yes No                                |
| Рa      | Conservation Easements. Complete if the organization answered                                | Yes" on Form 990, Part IV,                    | , line 7.                             |
| 1       | Purpose(s) of conservation easements held by the organization (check all that app            | ••  |                                       |
|         | Preservation of land for public use (e.g., recreation or education)                          | reservation of a historically                 | ımportant land area                   |
|         | Protection of natural habitat  | reservation of a certified hi                 | storic structure                      |
|         | Preservation of open space   |   |                                       |
| 2       | Complete lines 2a through 2d if the organization held a qualified conservation con           |   |                                       |
|         | day of the tax year.   |   | Held at the End of the Tax Year       |
| а       | Total number of conservation easements   |   | 2a                                    |
| b       |  |   | 2b                                    |
| C       | Number of conservation easements on a certified historic structure included in (a)           |   | 2c                                    |
| d       | Number of conservation easements included in (c) acquired after 7/25/06, and not             | on a historic structure                       | {                                     |
|         | listed in the National Register  | `   | 2d                                    |
| 3       | Number of conservation easements modified, transferred, released, extinguished,              | or terminated by the organ                    | ization during the tax                |
|         | year ▶   |   |                                       |
| 4       | Number of states where property subject to conservation easement is located                  |   |                                       |
| 5       | Does the organization have a written policy regarding the periodic monitoring, insp          | ection, handling of                           |                                       |
|         | violations, and enforcement of the conservation easements it holds?                          |   | Yes L No                              |
| 6       | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations          | , and enforcing conservation                  | on easements during the year          |
| _       | Annual of annual insured in mandains insured in boarding boarding boarding at violations and |   |                                       |
| 7       | Amount of expenses incurred in monitoring, inspecting, handling of violations, and           | enforcing conservation eas                    | sements during the year               |
| 8       | Does each conservation easement reported on line 2(d) above satisfy the requirem             | onto of coation 170/b\/4\/D                   | N/3                                   |
| 0       | and a seline 4.70% VAVD 600  | ents of section 170(ff)(4)(b)                 | Yes No                                |
| 9       | In Part XIII, describe how the organization reports conservation easements in its re         | wanue and evnence statem                      |                                       |
| •       | include, if applicable, the text of the footnote to the organization's financial statement   | •   |                                       |
|         | conservation easements.  | mits triat describes trie orgi                | arization s accounting to             |
| Pai     | rtilli Organizations Maintaining Collections of Art, Historical T                            | reasures, or Other S                          | Similar Assets                        |
| Chy-    | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.                    | ,   |                                       |
| 1a      | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report i          | n its revenue statement an                    | d balance sheet works of art.         |
|         | historical treasures, or other similar assets held for public exhibition, education, or      |   |                                       |
|         | the text of the footnote to its financial statements that describes these items.             |   |                                       |
| ь       | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its         | revenue statement and ba                      | alance sheet works of art, historical |
|         | treasures, or other similar assets held for public exhibition, education, or research i      |   | •                                     |
|         | relating to these items:   |   | ,                                     |
|         | (i) Revenue included on Form 990, Part VIII, line 1  |   | <b>&gt;</b> \$                        |
|         |  |   | <b>\$</b>                             |
| 2       | If the organization received or held works of art, historical treasures, or other similar    |   |                                       |
| _       | the following amounts required to be reported under SFAS 116 (ASC 958) relating to           | •   |                                       |
| а       | Revenue included on Form 990, Part VIII, line 1  |   | <b>▶</b> \$                           |
|         | Assets included in Form 990, Part X  |   | <b>\$</b>                             |
|         | For Paperwork Reduction Act Notice, see the Instructions for Form 990.                       | <u>, , , , , , , , , , , , , , , , , , , </u> | Schedule D (Form 990) 2017            |

732051 10-09-17

|                  | dule D (Form 990) 2017 THE SEMI J.  THE SEMI J.  Organizations Maintaining C | & RUTH W. BEGU         |                        | easures, or Oth                         |                    | 34-15945<br>ar <b>Asse</b> l          |   | Page 2            |
|------------------|--|------------------------|------------------------|---|--------------------|---------------------------------------|---|-------------------|
| 3                | Using the organization's acquisition, accessi                                |                        |                        |   |                    |                                       |   |                   |
| ·                | (check all that apply):  | on, and other record   | o, oncon any or mo     | ronoving triat are a                    | o.gour.c           | 400 01 110 1                          | 0,,000,,01                                    |                   |
| а                | Public exhibition  | d                      | Loan or excl           | hange programs                          |                    |                                       |   |                   |
| ь                | Scholarly research   | e                      | Other                  | go programo                             |                    |                                       |   |                   |
| c                | Preservation for future generations  | J                      |                        |   |                    |                                       |   |                   |
| 4                | Provide a description of the organization's co                               | ollections and explain | how they further th    | ne organization's ex                    | empt puro          | ose in Part                           | XIII.   |                   |
| 5                | During the year, did the organization solicit o                              |                        |                        |   |                    |                                       |   |                   |
| ·                | to be sold to raise funds rather than to be ma                               |                        |                        |   | 455515             |                                       | Yes   | ☐ No              |
| Pai              | TIV Escrow and Custodial Arran   |                        |                        |   | n Form 99          | 0. Part IV. I                         |   | <u></u>           |
|                  | reported an amount on Form 990, Par  |                        |                        |   |                    | <b>-</b> ,                            | 5, 5,   |                   |
| 1a               | Is the organization an agent, trustee, custodi                               |                        | iary for contribution  | s or other assets no                    | tincluded          |                                       |   |                   |
|                  | on Form 990, Part X?   |                        | ,                      |   |                    | <u> </u>                              | Yes   | □ No              |
| b                | If "Yes," explain the arrangement in Part XIII                               | and complete the fol   | lowing table:          |   |                    |                                       |   |                   |
| _                | , co, cope and an angent continue are run                                    |                        |                        |   |                    |                                       | Amount  |                   |
| С                | Beginning balance  |                        |                        |   | 1c                 |                                       | <u>, , , , , , , , , , , , , , , , , , , </u> |                   |
| d                | Additions during the year  | •                      |                        | •                                       | 1d                 |                                       |   |                   |
| e                | Distributions during the year  |                        |                        |   | 1e                 |                                       |   |                   |
| f                | Ending balance   |                        |                        |   | 1f                 |                                       | _   |                   |
| 2a               | Did the organization include an amount on Fe                                 | orm 990 Part X line    | 21 for escrow or ci    | istodial account liah                   |                    |                                       | Yes   | □ No              |
|                  | If "Yes," explain the arrangement in Part XIII.                              |                        |                        |   | •                  | <u> </u>                              | 1 103   | <b>H</b> "        |
|                  | Endowment Funds. Complete  |                        |                        |   |                    | · · · · · · · · · · · · · · · · · · · | <u></u>                                       | <del></del>       |
|                  |  | (a) Current year       | (b) Pnor year          | (c) Two years back                      | (d) Three          | vears back                            | (e) Four                                      | years back        |
| 1a               | Beginning of year balance  | 243,690.               | 228,592.               | 244,679.                                | 1                  | 46,797.                               |   | 219,812,          |
| b                | Contributions  | 243,030.               | 220,002,               |   |                    | 10,757                                | -   | 227,010,          |
| 6                | Net investment earnings, gains, and losses                                   | 39,098.                | 15,715.                | 6,113,                                  |                    | 7,692                                 |   | 36,545,           |
| ď                | Grants or scholarships   | 4.786.                 | -74.                   | 9,252,                                  |                    | 8,940.                                |   | 8,762,            |
| -                | Other expenditures for facilities  | 4,700.                 |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    | 0,540.                                |   |                   |
| Ŭ                | and programs   | 277.634.               |                        |   |                    |                                       |   |                   |
| 4                | Adminustrature evenence  | 368.                   | 691.                   | 722.                                    |                    | 870.                                  |   | 798,              |
|                  | End of year balance  | 0.                     | 243,690.               | 228,592,                                |                    | 44 679                                |   | 246,797,          |
| 2                | Provide the estimated percentage of the curr                                 |                        |                        |   |                    |                                       |   | 240,737,          |
| a                | Board designated or quasi-endowment  | =                      | %                      | ,,,                                     |                    |                                       |   |                   |
| ь                | Permanent endowment  | %                      |                        |   |                    |                                       |   |                   |
| C                | Temporarily restricted endowment   | %                      |                        |   |                    |                                       |   |                   |
| ·                | The percentages on lines 2a, 2b, and 2c short                                |                        |                        |   |                    |                                       |   |                   |
| 32               | Are there endowment funds not in the posse                                   | •                      | ition that are held a  | nd administered for                     | the organic        | zation                                |   |                   |
| •                | by:  | oolon or the organiza  |                        |   | ino organia        |                                       | ٦   | Yes No            |
|                  | (i) unrelated organizations  |                        |                        |   |                    |                                       | 3a(i)   | X X               |
|                  |  |                        |                        |   |                    | • •                                   | 3a(ii)  | x                 |
|                  | If "Yes" on line 3a(ii), are the related organiza                            |                        |                        |   |                    |                                       | 3b  | <del>-   ^-</del> |
| 4                | Describe in Part XIII the intended uses of the                               | · ·                    |                        |   |                    |                                       | _30   |                   |
|                  | Land, Buildings, and Equipm  |                        | William Lands.         | <u></u>                                 |                    |                                       |   |                   |
| - <u>100 200</u> | Complete if the organization answered  |                        | . Part IV. line 11a. S | ee Form 990. Part X                     | . line 10.         |                                       |   |                   |
|                  | Description of property  | (a) Cost or ot         |                        |   | ccumulate          | h                                     | (d) Book                                      | value             |
|                  | bescription of property  | basis (investm         |                        | , , ,                                   | preciation         | li i                                  | (u) Dook                                      | <b>Value</b>      |
| 10               | Land   |                        |                        |   | * All 1984 5       |                                       |   |                   |
|                  | D. olelin an   | .                      |                        | x + 355 (w/2)                           | - THE COMMENT OF P | N40 #1                                |   |                   |
|                  | Leasehold improvements   |                        | <del></del>            |   |                    |                                       |   |                   |
|                  | Equipment  | .                      | <del></del>            |   |                    |                                       |   |                   |
|                  | Other  | .                      |                        |   | <del></del>        |                                       |   |                   |
|                  | . Add lines 1a through 1e. (Column (d) must ed                               | gual Form 990 Part     | K. column (B) line 1:  | Oc.)                                    |                    |                                       |   | 0.                |
|                  |  |                        |                        | <del></del>                             |                    |                                       |   |                   |

Schedule D (Form 990) 2017

| Complete if the organization answered "Yes" of a) Description of security or category (including name of security)   | n Form 990, Part IV, line<br>(b) Book value |  |  | nd-of-year market value   |
|--|---|--|--|---|
|  | (D) BOOK VAIUS                              | (c) Method (                                 | or valuation. Cost of e                      | no-or-year market value   |
| (1) Financial derivatives  |   |  |  |   |
| (2) Closely-held equity interests  | -   |  |  |   |
| (A) FEDERATION - POOLED MANAGED MONEY  | -   | <del></del>                                  |  |   |
| (B) FUND   | 402,720.                                    | END OF VEN                                   | D MADEEM WALLE                               |   |
| (C) FEDERATION - POOLED MANAGED MAIN   | 402,720.                                    | END-OF-1EA                                   | R MARKET VALUE                               |   |
| (D) INVESTMENT FUND  | 228,733,                                    | PND_OP_VEX                                   | R MARKET VALUE                               |   |
| (E) FEDERATION - POOLED MARKETABLE   | 220,733,                                    | LIND OF TEN                                  | IN PARICELL VALUE                            |   |
| (F) ALTERNATIVE PROGRAM  | 4,632,278,                                  | END-OF-YEA                                   | R MARKET VALUE                               |   |
| (G)  | 4,032,270,                                  | IIII OI JAI                                  | at minute vinos                              |   |
| (H)  |   |  |  | -   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   | 5,263,731.                                  | And the same                                 | <b>为一型的基础</b>                                | Earl Plant State  |
| PartVIII Investments - Program Related.  |   |  |  |   |
| Complete if the organization answered "Yes" o  | n Form 990, Part IV, line                   | 11c. See Form 99                             | 0, Part X, line 13.                          |   |
| (a) Description of investment  | (b) Book value                              |  |  | nd-of-year market value   |
| (1)  |   |  |  | _   |
| (2)  |   |  |  |   |
| (3)  |   |  |  |   |
| (4)  |   |  |  |   |
| (5)  |   |  |  |   |
| (6)  |   |  | <del></del>                                  | ,   |
| (7)  |   |  |  | ·-··· · · · · · · · · · · · · · · · ·   |
| (8)  |   |  |  |   |
| (9)  |   | TO THE WORLD POST OF THE WAR IN SIZE THE WAY | anticologie il arteriore especation          | NATIONAL PROPERTY AND THE SECOND CONTRACT OF |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   |   |  |  |   |
| Partix Other Assets.   | F 600 D . H. F.                             |  |  |   |
| Complete if the organization answered "Yes" or   |   | 11d. See Form,99                             | 0, Part X, line 15.                          | (b) Book value  |
| · · · · · · · · · · · · · · · · · · ·  | escription                                  |  | <del></del>                                  | (b) BOOK Value  |
|  |   |  |  | i   |
|  |   |  |  |   |
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| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   | •   |  |  |   |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)  |   |  |  |   |
| (2) (3) (4) (5) (6) (7) (8) (9)  | 15.)  |  |  |   |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 1   | / · · · · · · · · · · · · · · · · · · ·     |  |  |   |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 1   |   | 1e or 11f. See Fo                            |  | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.   | n Form 990, Part IV, line 1                 | 1e or 11f. See Fo                            |  | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.  Complete if the organization answered "Yes" or   | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Complete if the organization answered "Yes" or (a) Description of liability   | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line in the complete of the organization answered "Yes" or in the complete of the organization of liability (1) Federal income taxes (2) (3)  | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line in the organization answered "Yes" or it. (a) Description of liability (1) Federal income taxes (2) (3) (4)   | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line in the organization answered "Yes" or in the organization of liability (1) Federal income taxes (2) (3) (4) (5)   | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line in the complete of the organization answered "Yes" or in the complete of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)   | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line in Part X  Complete if the organization answered "Yes" or it. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)   | n Form 990, Part IV, line 1                 |  | om 990, Part X, line 2                       | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line in Part X Other Liabilities.  Complete if the organization answered "Yes" or in the image of | n Form 990, Part IV, line 1                 |  | orm 990, Part X, Ime 2                       | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line in the organization answered "Yes" or it. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  | n Form 990, Part IV, line 1                 |  | orm 990, Part X, line 2                      | 5.  |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line in the organization answered "Yes" or it. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 2  | n Form 990, Part IV, line 1 (t              | o) Book value                                |  |   |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line in the organization answered "Yes" or in the organization of liability (1) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 2 (Column (b) must equal Form 990, Part X, col. (B) line 2 (Column (b) must equal Form 990, Part X, col. (B) line 2 (Column (b) must equal Form 990, Part X, col. (B) line 2 (Column (b) must equal Form 990, Part X, col. (B) line 2  | Form 990, Part IV, line 1                   | a) Book value                                | financial statements                         | that reports the  |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.  Complete if the organization answered "Yes" or 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 2   | Form 990, Part IV, line 1                   | a) Book value                                | a financial statements the footnote has been | that reports the  |

|        | dule D (Form 990) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDATION   |                                | 34-1594565   | Page 4  |
|--------|---|--------------------------------|--|---------|
| Pa     | TXI Reconciliation of Revenue per Audited Financial Statement   | nts With Revenue per I         | Return.  |         |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | <del></del>                    |  |         |
| 1      | Total revenue, gains, and other support per audited financial statements  |                                | 1  |         |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                                |  |         |
| а      | Net unrealized gains (losses) on investments  | 2a                             | 1  |         |
| b      | Donated services and use of facilities  | 2b                             |  |         |
| С      | Recovenes of prior year grants  | 2c                             | (本文章)<br>(本文章)   |         |
| d      | Other (Describe in Part XIII.)  | 2d                             |  |         |
| e      | Add lines to through ad   |                                | 2e   |         |
| 3      | O to mileton of the order   |                                | 3  |         |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |                                | N. C.  |         |
| •      |   | 1 45 1                         |  |         |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                             | - TOTAL TOTA |         |
| Ь      | Other (Describe in Part XIII.)  | 4b                             | 4222   |         |
| C      | Add lines 4a and 4b   |                                | 4c   |         |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 4 MEN E                        | 5  |         |
| Чa     | TXIII Reconciliation of Expenses per Audited Financial Statement  | ents With Expenses pe          | r Keturn.  |         |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |                                | <del></del>  |         |
| 1      | Total expenses and losses per audited financial statements  |                                | 1  |         |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 1                            |  |         |
| а      | Donated services and use of facilities  | 2a                             |  |         |
| ь      | Prior year adjustments  | 2b                             |  |         |
| C      | Other losses  | 2c                             |  |         |
| d      | Other (Describe in Part XIII.)  | 2d                             |  |         |
| е      | Add lines 2a through 2d   |                                | 2e   |         |
| 3      | Subtract line 2e from line 1  |                                | 3  |         |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                                | <b>TOTAL</b>   |         |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                             | 200  |         |
| ь      | Other (Describe in Part XIII.)  | 4b                             |  |         |
| c      | Add lines 4a and 4b   |                                | 4c   |         |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | • • •                          | 5  |         |
|        | **************************************  | <del> </del>                   | 131  |         |
| 2 7-7- | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I   | V lines th and Oh: Dort V line | 4. Dod V. Eng O. D.  |         |
|        | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit  |                                | 4, Fait A, IIII 2, Fa  | אונ או, |
| 03     | 20 and 40, and 1 art An, intes 20 and 40. Also complete this part to provide any addit  | dona information.              |  |         |
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| SCHE   | DULE D. PART V. LINE 1E   | <del></del>                    |  |         |
|        |   |                                |  |         |
| AN E   | NDOWMENT FUND WAS ESTABLISHED TO SUPPORT SOCIETY FOR THE PREVEN   | TION OF                        |  |         |
|        | THE RESIDENCE OF THE PROPERTY | 7 m. v                         |  |         |
| ATOI   | ENCE A 501(C)(3) ORGANIZATION THAT CEASED OPERATIONS DURING TH  | B TAA                          |  |         |
| YKAR   | . AS A RESULT. FUNDS FROM THE ENDOWMENT FUND ARE NOW INCLUDED   | TN MUD                         |  |         |
| IDA    | , AS A RESULL, FUNDS FROM THE EMBOWERST FUND ARE NOW INCLUDED   | IN INS                         |  |         |
| OFATE  | DAY ACCOME OF MUR POINTANTON  |                                |  |         |
| GENE   | RAL ASSETS OF THE FOUNDATION.   |                                | <del></del>  |         |
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# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No 1545-0047

2017

\*\*Open to Public \*\*
\*\*Inspection \*\*

Name of the organization **Employer identification number** THE SEMI J. & RUTH W. BEGUN FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. X Yes L the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (a) Region (b) Number of (e) If activity listed in (d) (f) Total employees, expenditures (by type) (such as, fundraising, prooffices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in the region in the region in the region MIDDLE EAST AND NORTH AFRICA 157,260, PROGRAM SERVICES GRANT MAKING 3 a Sub-total .. . 157,260. **b** Total from continuation sheets to Part I ... c Totals (add lines 3a and 3b) 157,260,

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

F(Form 990) 2017 THE SEMI. J. & RUTH W. BEGUN FOUNDATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Page 2

| od of<br>ok, FMV,<br>other)                                 |  |  |          |               |  | 1  | 100                                     |
|---|--|--|----------|---------------|--|--|---|
| (i) Method of<br>valuation (bôok, FMV,<br>appraisal, other) |  |  |          |               |  |  | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| (h) Description of noncash assistance                       |  |  |          |               |  |  | - Post of                               |
| (g) Amount of noncash assistance                            | 0  |  |          |               |  | xempt ▲  |   |
| (f) Manner of cash disbursement                             |  |  |          |               |  | recognized as tax-e  |   |
| (e) Amount<br>of cash grant                                 | 157,260,   |  |          |               |  | foreign country,<br>er   |   |
| (d) Purpose of<br>grant                                     | RECOMMENDED FOR PROGRAM TO TEACH SOCIAL SKILLS TO PREVENT VIOLENCE |  |          |               |  | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities  |   |
| (c) Region  | MIDDLE EAST AND NORTH AFRICA                                       |  |          |               |  | Enter total number of recipient organizations listed above that are recoby the IRS, or for which the grantee or counsel has provided a section Enter total number of other organizations or entities   |   |
| (b) IRS code section<br>and EIN (if applicable)             |  |  |          |               |  | ecipient organization the grantee or countries or the organizations or t |   |
| (a) Name of organization                                    |  |  | are elor | Si Control of | and the state of t | <ul> <li>Enter total number of recipient organizations listed a</li> <li>by the IRS, or for which the grantee or counsel has</li> <li>3 Enter total number of other organizations or entrities</li> </ul>  | l                                       |

SEE PART V FOR COLUMN (D) DESCRIPTIONS

732072 10-06-17

Schedule F (Form 990) 2017

THE SEMI J. & RUTH W. BEGUN FOUNDALION

Parkille Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (c) Number of (d) Amount of recipients cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, My, control of the c |
|---------------------------------|------------|--------------------------|---|---------------------------------|----------------------------------|---------------------------------------|--|
|                                 |            |                          |   | •                               |                                  |                                       | appraisa, otrar  |
| •                               |            |                          |   |                                 |                                  |                                       |  |
|                                 |            |                          |   |                                 |                                  |                                       |  |
|                                 |            |                          |   |                                 |                                  |                                       |  |
|                                 |            |                          |   |                                 |                                  |                                       |  |
|                                 |            |                          |   |                                 |                                  |                                       |  |
|                                 |            |                          |   |                                 |                                  |                                       |  |
|                                 |            | ,                        |   |                                 |                                  |                                       |  |
|                                 | ·          |                          |   |                                 |                                  |                                       |  |

Schedule F (Form 990) 2017

|      | Me F (Form 990) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDATION  | 34-1594565 | Page 4        |
|------|--|------------|---------------|
| Part | Foreign Forms  |            | <del></del> - |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the |            |               |
|      | organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign            |            |               |
|      | Corporation (see Instructions for Form 926)  | Yes        | x No          |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization       |            |               |
|      | may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign                |            |               |
|      | Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign          |            |               |
|      | Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)                 | Yes        | x No          |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"        |            |               |
|      | the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To         |            |               |
|      | Certain Foreign Corporations (see Instructions for Form 5471)  | Yes        | x No          |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a             |            | 1             |
|      | qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,     |            |               |
|      | Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund         |            |               |
|      | (see Instructions for Form 8621)   | Tyes       | x No          |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"        |            |               |
|      | the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain             |            |               |
|      | Foreign Partnerships (see Instructions for Form 8865)  | . Yes      | x No          |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If     |            |               |
|      | "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see        |            |               |
|      | Instructions for Form 5713; don't file with Form 990)  | Yes        | x No          |
|      |  |            |               |

Schedule F (Form 990) 2017

| Schedule F (Form 990) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDATION 34-1594565  | Page 5 |
|---|--------|
| Part V: Supplemental Information  |        |
| Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of |        |
| investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column ( | c)     |
| (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.   |        |
|   |        |
| PART I_LINE 2:  |        |
|   |        |
| GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT AWARD LETTER   |        |
|   |        |
| THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT INCLUDING HOW THE   |        |
| THAT STITUTES THE IBASS AND CONDITIONS OF THE GRANT INCOODING NOW THE   |        |
|   |        |
| DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING   |        |
|   |        |
| REQUIREMENTS, THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL  |        |
|   |        |
| GRANTEES WITHIN 6-9 MONTHS OF RECEIVING THE GRANT, IN SELECTED CASES,   |        |
|   |        |
| SITE VISITS ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS.   |        |
|   |        |
|   |        |
|   |        |
| GRANTS TO DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN   |        |
|   |        |
| ENTITY HAVE BEEN INCLUDED ON SCHEDULE F.  |        |
|   |        |
|   |        |
|   |        |
| PART I LINE 3:  |        |
|   |        |
| ACCRUAL METHOD  |        |
| NCKONU MBINOD   |        |
|   |        |
| <del></del>   |        |
| Daniel TT (GATIMOT /D)  |        |
| PART II COLUMN (D):   |        |
|   |        |
| REGION: MIDDLE EAST AND NORTH AFRICA  |        |
|   |        |
| (D) PURPOSE OF GRANT: RECOMMENDED FOR PROGRAM TO TEACH SOCIAL SKILLS TO   |        |
|   |        |
| PREVENT VIOLENCE PROGRAM AT AMIEL RAMBAM SCHOOL AND BIALIK-ROGOZIN IN   |        |
|   |        |
| ISRAEL  |        |
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

# 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.

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

| Name of the organization   |                      |   |                          |                                   |   |  | Employer identification number     |
|--|----------------------|---|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE SEMI J. &  | & RUTH W. BEGUN      | BEGUN FOUNDATION                        |                          |                                   |   |  | 34-1594565                         |
| Part/I General Information on Grants and Assistance  | nd Assistance        |   |                          |                                   |   | Ī  |                                    |
| 1 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 | to substantiate the  | amount of the grants                    | or assistance, the       | grantees' eligibility             | for the grants or ass                                 | istance, and the selec   | tion                               |
| critena used to award the grants or assistance?  | stance?              | : | :                        | :                                 |   |  | X Yes                              |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States   | cedures for monit    | toring the use of grant                 | funds in the United      | d States                          |   |  |                                    |
| Part II Grants and Other Assistance to Domestic Organizations and  | Domestic Organi      | zations and Domesti                     | c Governments. C         | omplete if the orga               | ınization answered "Y                                 | Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | IV, line 21, for any               |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed   | \$5,000. Part II can | be duplicated if addit                  | ional space is need      | led.                              |   |  |                                    |
| 1 (a) Name and address of organization or government   | ( <b>b)</b> EIN      | (c) IRC section<br>(if applicable)      | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance  | (h) Purpose of grant or assistance |
| SEGULA   |                      |   |                          |                                   |   |  |                                    |
| 2030 SOUTH TAYLOR RD CLEVELAND HEIGHTS OH 44118  | 34-1832419           | 501(0)(3)                               | 25,000                   | c                                 |   |  | STOCALLO GOS MEDERIS               |
|  |                      |   |                          |                                   |   |  | UWS WRAPAROUND SERVICES            |
| JEWISH PEDERATION OF CLEVELAND   |                      |   | -                        |                                   |   |  | PROGRAM; YOUTH FUTURES;            |
| 25701 SCIENCE PARK DRIVE   |                      |   |                          |                                   |   |  | SCHOOL SECURITY                    |
| CLEVELAND, OH 44122  | 34-0714445           | 501(C)(3)                               | 410 000                  | 0                                 |   |  | INITIATIVE; CEMETERY               |
|  |                      |   |                          |                                   |   |  | •                                  |
|  |                      |   |                          |                                   |   |  |                                    |
|  |                      |   |                          |                                   |   |  | ,                                  |
|  |                      |   |                          | -                                 |   |  |                                    |
|  | nd government on     | ions                                    | sted in the line 1 table |                                   | :   |  |                                    |
| -  | s listed in the line | 1 table                                 |                          |                                   |   |  | 0                                  |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | , see the Instruct   | ions for Form 990.                      |                          |                                   |   |  | Schedule I (Form 990) (2017)       |

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

34

| Schedule I (Form 990) (2017) THE SEMI J. & RUTH W. BEGUN FOUNDATION FEMILIE 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. | E. RUTH W. BEGUN FOUNDATION to Individuals. Complete if the organice is needed. | CON<br>Organization answ | ered "Yes" on Form 9  | 90, Part IV, line 22.                                 | 34-1594565 Page 2                     |
|---|---|--------------------------|---|---|---------------------------------------|
| (a) Type of grant or assistance   | (b) Number of recipients  | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance                               | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|   |   |                          |   |   |                                       |
|   |   |                          |   |   |                                       |
|   |   |                          |   |   |                                       |
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|   |   |                          |   |   |                                       |
| Partive Supplemental Information. Provide the information required in Part  | I — I   | 2; Part III, column      | line 2; Part III, column (b); and any other additional information. | Iditional information.                                |                                       |
| PART I, LINE 2:   |   |                          |   |   |                                       |
| THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT INCLUDING HOW THE   | A GRANT AWARD NT INCLUDING  | LETTER<br>HOW THE        |   |   |                                       |
| DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND REPORTING   | ND REPORTING  |                          |   |   |                                       |
| REQUIREMENTS. THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM ALL GRANTEES   | PORTS FROM AL   | L GRANTEES               |   |   |                                       |
| WITHIN 6-9 MONTHS OF RECEIVING THE GRANT, IN SELECT   | IN SELECTED CASES, SI   | SITE VISITS              |   |   |                                       |
| ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED PROGRAMS  | GRAMS.  |                          |   |   |                                       |
|   |   |                          |   |   |                                       |
| PART II, LINE 1, COLUMN (H):  |   |                          |   |   |                                       |
| 732.102 11-01-17  |   | 35                       |   |   | Schedule I (Form 990) (2017)          |

| Schedule   (Form 990) THE SEMI J. & RUTH W. BEGUN FOUNDATION  Part. IV: Supplemental Information | 34-1594565                             | Page 2                                |
|--|--|---------------------------------------|
| Part IV: Supplemental Information  |  |                                       |
|  |  |                                       |
| NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF CLEVELAND                               |  |                                       |
|  |  |                                       |
| (H) PURPOSE OF GRANT OR ASSISTANCE: UWS WRAPAROUND SERVICES PROGRAM;                             | <u> </u>                               | <del></del> .— -                      |
| VOLUME TRANSPORT CONSOL SPOUDTBY TATELLANDING SERVICED PRODUNCTION CAMPATON                      |  |                                       |
| YOUTH FUTURES; SCHOOL SECURITY INITIATIVE; CEMETERY ENDOWMENT CAMPAIGN;                          |  | <del> </del>                          |
| 2018 ANNUAL CAMPAIGN   |  |                                       |
| ZUIG ANNUAL CAMPAIGN   | <del></del>                            |                                       |
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## **SCHEDULE J** (Form 990)

**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.

THE SEMI J. & RUTH W. BEGUN FOUNDATION

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

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

34-1594565

|    |   |              | Yes  | No   |
|----|---|--------------|--|------|
| 1a | 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)   | 1            |  |      |
|    |   |              |  |      |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |              | 1  |      |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b           | }  | 1    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |              |  | 1    |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2            | 1-3-   |      |
|    |   |              |  |      |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's |              | 137  |      |
|    | 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  |              |  |      |
|    | ☐ Independent compensation consultant ☐ Compensation survey or study  |              |  |      |
|    | Form 990 of other organizations  Approval by the board or compensation committee  |              |  |      |
|    | 7 provarby the board or compensation committee  |              | 4  |      |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing              |              | 1  |      |
| •  | organization or a related organization:   |              |  |      |
| _  | Receive a severance payment or change-of-control payment?   | PEZ          | 200  |      |
| a  |   | . 4a         | <del>                                     </del> | X    |
| D  | 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           |  | X    |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |              |  |      |
|    |   |              |  |      |
| _  | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |              |  |      |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |              |  | 1    |
|    | contingent on the revenues of:  |              | 26.8   | 1.5  |
| а  | The organization?   | . <u>5a</u>  | <u> </u>   | , X  |
| b  | Any related organization?   | 5b           | 5.47.12.24                                       | X    |
|    | If "Yes" on line 5a or 5b, describe in Part III.  |              | 郷  |      |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |              |  |      |
|    | contingent on the net earnings of:  | 7            | 1  | 2.5  |
| а  | The organization?   | 6a           |  | X    |
| b  | Any related organization?   | . 6b         |  | X    |
|    | 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          |              | <b>建程</b>  |      |
|    | not described on lines 5 and 67 If "Yes," describe in Part III  | 7            |  | x    |
| В  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |              |  |      |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III               | . 8          |  | X    |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                    | 3            | 200  | 開於   |
|    | Regulations section 53.4958-6(c)?   | 9            |  |      |
| HA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sched  | lute J (Forn | n 990)   | 2017 |
|    |   |              |  |      |

Schedule J (Form 990) 2017

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 fow (ii). Partil । Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies f additional space is needed. 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 W-2     | W-2 and/or 1099-MI                  | and/or 1099-MISC compensation       | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation  |
|-----------------------|------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------|----------------------|---|
| (A) Name and Title    | ų          | (I) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred<br>compensation |                | (a)·()(a)            | in column (B)<br>reported as deferred<br>on pnor Form 990 |
| (1) STEPHEN H HOFFMAN | ε          | 0.                       | 0                                   | 0                                   | 0                              | 0              | 0                    | 0   |
| TRUSTEE               | Ξ          | 543,66                   | 0                                   | 13,531.                             | 20 125.                        | 25 726         | 603 050              | 0   |
| (2) HEDY P MILGROM    | 8          | 0                        | 0.                                  | 0                                   | 0                              | 0              | 0                    | 0   |
| SECRETARY             | ▤          | 193,950.                 | 0                                   | 4,091                               | 9,825                          | 3,609.         | 211,475,             | 0   |
| (3) BARRY REIS        | ε          |                          | 0.                                  | 0                                   | 0                              | 0              | 0                    | 0   |
| TREASURER             | 8          | 295,899.                 | 0                                   | 12,583.                             | 14,425,                        | 29,651,        | 352,558,             | 0   |
|                       | Ξ          |                          |                                     |                                     |                                |                |                      |   |
|                       | Ξ          |                          |                                     |                                     |                                |                |                      |   |
|                       | ε          |                          |                                     |                                     |                                |                |                      |   |
|                       | ₿          |                          |                                     |                                     |                                |                |                      |   |
|                       | ε          |                          |                                     |                                     |                                |                |                      |   |
|                       | <b>(E)</b> |                          |                                     |                                     |                                |                |                      | ļ   |
|                       | 8          |                          |                                     |                                     |                                |                |                      |   |
|                       | 3          |                          |                                     |                                     |                                |                |                      |   |
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|                       | €          |                          |                                     |                                     |                                |                |                      |   |
|                       | ≘          |                          |                                     |                                     |                                |                |                      |   |
|                       | ε          |                          |                                     |                                     |                                |                |                      |   |
|                       | ≘          |                          |                                     |                                     |                                |                |                      |   |
|                       | €          |                          |                                     |                                     |                                |                |                      |   |
|                       | €          |                          |                                     |                                     |                                |                |                      |   |
|                       | €          |                          |                                     |                                     |                                |                |                      |   |
|                       | 3          |                          |                                     |                                     |                                |                | 1                    |   |
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|                       | 8          |                          |                                     |                                     |                                |                |                      |   |
|                       | €          |                          |                                     | `                                   |                                |                |                      |   |
|                       | €          |                          |                                     |                                     |                                |                |                      |   |
|                       |            |                          |                                     |                                     |                                |                |                      |   |
|                       | €          |                          |                                     |                                     |                                |                |                      |   |
|                       |            |                          |                                     |                                     |                                |                |                      |   |

Schedule J (Form 990) 2017

## **SCHEDULE 0** (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 34-1594565 THE SEMI J. & RUTH W. BEGUN FOUNDATION

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |  |
|--|--|
| CLEVELAND, IN PARTICULAR, TO FURTHER THE FEDERATION'S COMMUNITY  |  |
| RELATIONS OBJECTIVES BY SUPPORTING SPONSORING INITIATING AND   |  |
| MONITORING PROGRAMS AND ACTIVITIES DESIGNED TO REDUCE PHYSICAL AND   |  |
| VERBAL VIOLENCE IN SOCIETY, WITHOUT LIMITATION, SUCH PROGRAMS OR   |  |
| ACTIVITIES MAY INCLUDE THOSE DESIGNED TO EDUCATE THE VERY YOUNG, TRAIN   |  |
| TEACHERS ON THIS SUBJECT, EDUCATE PARENTS TO REINFORCE THESE EFFORTS   |  |
| AND OTHERWISE EDUCATE THE PUBLIC IN AN EFFORT TO DEVELOP AND FOSTER  |  |
| PRO-SOCIAL SKILLS AMONG PEOPLE AND PREVENT VIOLENCE BETWEEN PEOPLE.  |  |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 2:  |  |
| J DAVID HELLER, STEPHEN HOFFMAN AND KENNETH HOCHMAN HAVE A BUSINESS  |  |
| RELATIONSHIP.  |  |
|  |  |
| STEPHEN HOFFMAN, BARRY REIS, SHEILA ALLENICK, KARI BLUMENTHAL AND HEDY   |  |
| MILGROM HAVE A BUSINESS RELATIONSHIP. THEY ARE OFFICERS OR EMPLOYEES OF  |  |
| THE FEDERATION, THE SUPPORTED ORGANIZATION,  |  |
|  | ·                                      |
| SUEZETTE STEINHARDT AND DR ALLAN STEINHARDT HAVE A FAMILY RELATIONSHIP.  |  |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 6:  |  |
| TWO CLASSES OF VOTING MEMBERS: (A) THE FEDERATION MEMBER WHICH HAS A   |  |
| MAJORITY OF THE MEMBER VOTING POWER AND IS THE JEWISH FEDERATION OF  |  |
| CLEVELAND (FEDERATION). THE SUPPORTED ORGANIZATION (HEREAFTER "SUPPORTED   |  |
| ORGANIZATION"), AND (B) DONOR MEMBER(S) - INDIVIDUALS WHO HAVE IN THE  |  |
| AGGREGATE A MINORITY OF THE MEMBER VOTING POWER.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990 or 990-EZ) (2017) |
| •  |  |

| Schedule O (Form 990 or 990-EZ) (2017)   | Page 2                                 |
|--|--|
| Name of the organization   | Employer identification number         |
| THE SEMI J. & RUTH W. BEGUN FOUNDATION   | 34-1594565                             |
|  |  |
| FORM 990 PART VI SECTION A LINE 7A:  |  |
|  |  |
| THE FEDERATION MEMBER ELECTS A MAJORITY OF THE BOARD OF TRUSTEES; THE DONOR      |  |
| MEMBER(S) ELECT A MINORITY OF THE BOARD OF TRUSTEES.                             |  |
|  |  |
|  |  |
| FORM 990, PART VI, SECTION A, LINE 7B:   |  |
| IF A MAJORITY OF THE BOARD PRESENT AT A MEETING ARE NOT FEDERATION ELECTED       |  |
| TRUSTEES, ANY ACTIONS TAKEN BY THE BOARD AT THAT MEETING ARE NOT EFFECTIVE       |  |
|  |  |
| UNTIL APPROVED BY THE FEDERATION MEMBER. UNDER STATE LAW, MEMBERS MUST           |  |
| APPROVE ANY DISSOLUTION ACTION ADOPTED BY THE BOARD AND ANY BOARD APPROVED       |  |
| SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE FOUNDATION'S ASSETS.       |  |
|  |  |
|  |  |
| FORM 990, PART VI, SECTION B, LINE 11B;  |  |
| FORM 990 IS EMAILED TO EACH OFFICER/TRUSTEE FOR REVIEW BEFORE FILING. FORM       |  |
|  |  |
| 990 IS PREPARED BY THE SUPPORTED ORGANIZATION'S STAFF AND THEN, BEFORE           |  |
| FILING, IS REVIEWED BY THE FOUNDATION'S TREASURER (WHO ALSO IS THE               |  |
| SUPPORTED ORGANIZATION'S CFO). THE CIRCULATED COPY DOES NOT INCLUDE              |  |
| TO ANY OR COMPANY DATE BY THE CHIPPONESS   |  |
| SCHEDULE B CONTRIBUTORS, IF ANY, OR COMPENSATION PAID BY THE SUPPORTED           |  |
| ORGANIZATION, THIS INFORMATION IS MADE AVAILABLE UPON REQUEST.                   |  |
|  |  |
| FORM 990 PART VI SECTION B LINE 12C:   |  |
| FORM 990, PART VI, SECTION B, BINS 12C.  |  |
| EVERY TRUSTEE, OFFICER, BOARD MEMBER, COMMITTEE MEMBER AND EMPLOYEE IN A         |  |
| POSITION TO INFLUENCE, PROVIDE NON-PUBLIC INFORMATION OR VOTE ON FOUNDATION      |  |
| POLICIES OR EXPENDITURES, (A KEY INDIVIDUAL) IS REQUIRED TO SIGN A               |  |
| TODICING ON MALENDIA (III AND ENDEVIDED I DECEMBER 10 TODICED                    |  |
| STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF             |  |
| INTEREST POLICY PRIOR TO EMPLOYMENT OR SERVING ON THE FOUNDATION BOARD OR        |  |
| KEY COMMITTEE. THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH TRUSTEES         |  |
|  |  |
| ANNUALLY AT A FOUNDATION BOARD MEETING. IN ADDITION, ANY NEW KEY 732212 08-07-17 | Schedule O (Form 990 or 990-EZ) (2017) |

| Schedule O (Form 990 or 990-EZ) (2017)                                      | Page 2                                    |
|---|---|
| Name of the organization THE SEMI J. & RUTH W. BEGUN FOUNDATION             | Employer identification number 34-1594565 |
| INDIVIDUAL IS PROVIDED A COPY OF THE POLICY UPON COMMENCEMENT OF HIS OR HER |   |
| POSITION AS A KEY INDIVIDUAL AND IS REQUIRED TO SIGN AND DELIVER TO THE     |   |
| FOUNDATION A STATEMENT ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE       |   |
| POLICY, A COPY OF THE POLICY IS SENT ANNUALLY TO ALL KEY INDIVIDUALS. THE   |   |
| FEDERATION (SUPPORTED ORGANIZATION) ENDOWMENT DEPARTMENT PERSONNEL ARE      |   |
| RESPONSIBLE FOR MAINTAINING COPIES OF SIGNED STATEMENTS AND FOLLOWING UP TO |   |
| ENSURE THAT A STATEMENT IS OBTAINED FROM EACH KEY INDIVIDUAL. THE           |   |
| TREASURER OF THE FOUNDATION (WHO IS ALSO CFO OF THE SUPPORTED ORGANIZATION) |   |
| IS RESPONSIBLE FOR MONITORING CONFLICT SITUATIONS IF ANY. IF A BOARD        |   |
|   |   |
| MEMBER HAS AN INTEREST IN A TRANSACTION, HE OR SHE IS REQUIRED TO DISCLOSE  |   |
| AND NOT VOTE.   |   |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |   |
| FORM 990, PART VI, SECTION B, LINE 15A AND 15B: NOT APPLICABLE. THE         | · · · · · · · · · · · · · · · · · · ·     |
| FOUNDATION HAS NO EMPLOYEES AND DOES NOT COMPENSATE ITS TRUSTEES AND/OR     |   |
| OFFICERS AND THEREFORE DOES NOT MAINTAIN A PROCESS FOR DETERMINING          |   |
| COMPENSATION.   |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |   |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS   |   |
| ARE NOT MADE AVAILABLE TO THE PUBLIC.                                       |   |
|   |   |
| FORM 990 PART XII LINE 2(B) AND 2(C) - FINANCIAL STATEMENTS AND REPORTING   |   |
| ALTHOUGH THE FOUNDATION'S 12/31/2017 FINANCIAL STATEMENTS ARE NOT           |   |
| CONSOLIDATED ON A TAX YEAR BASIS, THE FOUNDATION'S FINANCIAL RESULTS        |   |
| FROM JULY 1 TO JUNE 30 ARE INCLUDED IN THE SUPPORTED ORGANIZATION'S         |   |
| FISCAL YEAR JUNE 30 CONSOLIDATED AUDITED FINANCIAL STATEMENTS. THE          |   |
| FEDERATION'S AUDIT COMMITTEE COMPRISED OF INDEPENDENT VOLUNTEERS            |   |

| Schedule O (Form 990 or 990-EZ) (2017)                                | Page 2                                |
|---|---------------------------------------|
| Name of the organization  | Employer identification number        |
| THE SEMI J. & RUTH W. BEGUN FOUNDATION                                | 34-1594565                            |
| RECOMMENDS THE INDEPENDENT ACCOUNTANTS TO THE FEDERATION'S BOARD OF   |                                       |
| RECOMMENDED THE INDEFENDENT ACCOUNTANTS TO THE PEDEANTION S BOARD OF  |                                       |
| TRUSTEES WHICH MUST APPROVE THE APPOINTMENT. THE AUDIT COMMITTEE      | · · · · · · · · · · · · · · · · · · · |
|   |                                       |
| PROVIDES OVERSIGHT OF THE AUDIT AND REVIEWS THE CONSOLIDATED AUDITED  |                                       |
| FINANCIAL STATEMENTS WITH STAFF AND THE INDEPENDENT ACCOUNTANTS PRIOR |                                       |
|   |                                       |
| TO ISSUANCE, THE AUDIT COMMITTEE ALSO MEETS INDEPENDENTLY WITH THE    |                                       |
| TAIDEDEATH ACCOUNTMANTE TO DISCUSS THE AUTOM DECCESS                  |                                       |
| INDEPENDENT ACCOUNTANTS TO DISCUSS THE AUDIT PROCESS.                 |                                       |
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

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.

2017

OMB No 1545-0047

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

Open to Publica

(g) Section 512(b)(13) **Employer identification number** controlled entity? Direct controlling Yes entity 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. ε EWISH FEDERATION JEWISH FEDERATION TEWISH FEDERATION 34-1594565 Direct controlling OF CLEVELAND OF CLEVELAND OF CLEVELAND End-of-year assets I/A **e** status (if section Public charrty 501(c)(3)) 2A TYPE 1 LA TYPE 1 12A TYPE 1 Total income Exempt Code 9 section 01(C)(3) 501(C)(3) 01(C)(3) 501(C)(3) Ð Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) OHIO OHIO OHIO OHIO IDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS IDUCATIONAL AND RELIGIOUS GRANTS & ALLOCATIONS FOR CHARITABLE, EDUCATIONAL ND RELIGIOUS PURPOSES URPOSES OF FEDERATION PURPOSES OF FEDERATION URPOSES OF FEDERATION Primary activity Primary activity SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE. THE SEMI J. & RUTH W. BEGUN FOUNDATION <u>e</u> JEWISH FEDERATION OF CLEVELAND - 34-0714445 MILDRED & MARTIN BECKER FAMILY FOUNDATION JOANN AND THOMAS ADLER FAMILY FOUNDATION Name, address, and EIN (if applicable) 34-1858749, 25701 SCIENCE PARK DRIVE. 34-1711965, 25701 SCIENCE PARK DRIVE CHELM FAMILY FOUNDATION - 30-0226826 Name, address, and EIN of related organization of disregarded entity CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND, OH 44122-7302 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE Name of the organization Part Part

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Schedule R (Form 990) 2017

THE SEMI J. & RUTH W. BRGUN FOUNDATION

Schedule R (Form 990)

क्षेत्रशाः Continuation of Identification of Related Tax-Exempt Organizations

| (a)  | 2                         | <u> </u>                 | 9           | <b>e</b>                         | E                  | (6)                |
|--|---------------------------|--------------------------|-------------|----------------------------------|--------------------|--------------------|
| Name, address, and EIN                       | Primary activity          | Legal domicile (state or | Exempt Code | Public charity                   | Direct controlling | Section 512(5)(13) |
| of related organization                      |                           | foreign country)         | section     | status (if section<br>501(c)(3)) | entrty             | organization?      |
| CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOIN -  | SEE SCHEDULE R, PART VII, |                          |             |                                  |                    | ├                  |
| 34-0714599, 25701 SCIENCE PARK DRIVE,        | SUPPLEMENTAL INFORMATION  |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | FOR PRIMARY ACTIVITY      | ОНІО                     | 501(c)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| ELLEN E. & VICTOR J. COHN SUPPORTING         | SUPPORT CHARITABLE,       |                          |             |                                  |                    |                    |
| FOUNDATION - 31-1606939, 25701 SCIENCE PARK  | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH FEDERATION  |                    |
| DRIVE, CLEVELAND, OH 44122-7302              | PURPOSES OF FEDERATION    | ОНІО                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| COMMISSION ON CEMETERY PRESERVATION -        | SEE SCHEDULE R, PART VII, |                          |             |                                  |                    |                    |
| 34-1771506, 25701 SCIENCE PARK DRIVE,        | SUPPLEMENTAL INFORMATION  |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | FOR PRIMARY ACTIVITY      | онто                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| PEDERATION HOLDINGS, INC 23-7133908          |                           |                          |             |                                  |                    |                    |
| 25701 SCIENCE PARK DRIVE                     | HOLDS LEGAL TITLE TO      |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | DONATED REAL ESTATE       | онто                     | 501(C)(2)   | N/A                              | OF CLEVELAND       | ×                  |
| FGI FOUNDATION - 34-1916912                  | SUPPORT CHARITABLE,       |                          |             |                                  |                    |                    |
| 25701 SCIENCE PARK DRIVE                     | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | PURPOSES OF FEDERATION    | онто                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| RINA & SAMUEL M, FRANKEL FAMILY FOUNDATION - | SUPPORT CHARITABLE,       |                          |             | -                                |                    |                    |
| 31-1502121 25701 SCIENCE PARK DRIVE,         | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | PURPOSES OF FEDERATION    | OHIO                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| PEGGY AND JOHN GARSON FAMILY FOUNDATION -    | SUPPORT CHARITABLE,       |                          |             |                                  |                    |                    |
| 34-1916905, 25701 SCIENCE PARK DRIVE         | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND OH 44122-7302                      | PURPOSES OF FEDERATION    | DHIO                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| ROBERT AND SUSAN R, HURWITZ FAMILY           | SUPPORT CHARITABLE,       |                          |             |                                  |                    |                    |
| FOUNDATION - 34-1916908, 25701 SCIENCE PARK  | EDUCATIONAL AND RELIGIOUS |                          | _           |                                  | JEWISH FEDERATION  |                    |
| DRIVE, CLEVELAND, OH 44122-7302              | PURPOSES OF FEDERATION    | ОНІО                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| THE IMMERMAN FOUNDATION - 34-1533181         | SUPPORT CHARITABLE,       |                          |             |                                  |                    |                    |
| 25701 SCIENCE PARK DRIVE                     | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH PEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | PURPOSES OF FEDERATION    | ОНІО                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| JEWISH COMMUNITY HOUSING INC 34-1276120      | SEE SCHEDULE R, PART VII, |                          |             |                                  | _                  |                    |
| 25701 SCIENCE PARK DRIVE                     | SUPPLEMENTAL INFORMATION  |                          |             |                                  | JEWISH FEDERATION  | <del></del>        |
| CLEVELAND, OH 44122-7302                     | FOR PRIMARY ACTIVITY      | ОНІО                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| THE MT, SINAI HEALTH CARE POUNDATION -       | SUPPORT CHARITABLE,       |                          |             |                                  |                    | -                  |
| 34-1777878, 11000 EUCLID AVE, CLEVELAND, OH  | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH FEDERATION  | - <del></del>      |
| 44106  | PURPOSES OF FEDERATION    | онто                     | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| MADAV IX FOUNDATION - 34-1638258             | SUPPORT CHARITABLE,       |                          |             |                                  |                    | _                  |
| 25701 SCIENCE PARK DRIVE                     | EDUCATIONAL AND RELIGIOUS |                          |             |                                  | JEWISH FEDERATION  |                    |
| CLEVELAND, OH 44122-7302                     | PURPOSES OF FEDERATION    | оню                      | 501(C)(3)   | 12A TYPE 1                       | OF CLEVELAND       | ×                  |
| 73222<br>04-01-17                            |                           | 45                       |             |                                  |                    |                    |
|  |                           |                          |             |                                  |                    |                    |

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THE SEMI J. & RUTH W. BEGUN FOUNDATION

Schedule R (Form 990)

Partill Continuation of Identification of Related Tax-Exempt Organizations

| 3  | 1                         | 177              | 45                 | [3]                              |                           | 1                         | 1    |
|--|---------------------------|------------------|--------------------|----------------------------------|---------------------------|---------------------------|------|
| (a)<br>Name, address, and EIN  | (b) Primary activity      | (C)              | (a)<br>Exampt Code | (e)<br>Public chanty             | (r)<br>Direct controlling | (9)<br>Section 512(b)(13) | (13) |
| of related organization  |                           | foreign country) | section            | status (if section<br>501(c)(3)) |                           | organization?             | ام   |
| MADAV XVII FOUNDATION - 34-1827879                                     | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| 25701 SCIENCE PARK DRIVE   | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| CLEVELAND OH 44122-7302  | PURPOSES OF PEDERATION    | ОНІО             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         | 1    |
| MADAV XVIII FOUNDATION - 34-1827878                                    | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| 25701 SCIENCE PARK DRIVE   | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| CLEVELAND, OH 44122-7302   | PURPOSES OF PEDERATION    | ОНІО             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         | İ    |
| MALTZ FAMILY FOUNDATION - 31-1566163                                   | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| 25701 SCIENCE PARK DRIVE   | EDUCATIONAL AND RELIGIOUS |                  |                    | -                                | JEWISH FEDERATION         |                           |      |
| CLEVELAND, OH 44122-7302   | PURPOSES OF PEDERATION    | ОНІО             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| MANDEL SPPRTING FOTNS-JACK N. AND LILYAN                               | SUPPORT CHARITABLE,       |                  | !                  |                                  |                           |                           |      |
| MANDEL FUND - 34-1350566, 25701 SCIENCE PARK                           | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| DRIVE, CLEVELAND, OH 44122-7302  | PURPOSES OF PEDERATION    | онто             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| MANDEL SPPRTING FDINS-JOSEPH C. AND FLORENCE                           | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| MANDEL FUND - 34-1350568, 25701 SCIENCE PARK EDUCATIONAL AND RELIGIOUS | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| DRIVE, CLEVELAND, OH 44122-7302  | PURPOSES OF FEDERATION    | онто             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| MANDEL SPPRTING FDINS-MORTON L. AND BARBARA                            | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| MANDEL FUND - 34-1350570, 25701 SCIENCE PARK                           | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| DRIVE, CLEVELAND, OH 44122-7302  | PURPOSES OF FEDERATION    | онто             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| MEISEL FAMILY FOUNDATION - 31-1583883                                  | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| 25701 SCIENCE PARK DRIVE   | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| CLEVELAND, OH 44122-7302   | PURPOSES OF FEDERATION    | ОНІО             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| MILLER GOOD FAMILY CHARITABLE FOUNDATION -                             | SUPPORT CHARITABLE,       |                  |                    |                                  |                           | -                         |      |
| 34-1832965, 25701 SCIENCE PARK DRIVE,                                  | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
|  | PURPOSES OF FEDERATION    | онто             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| FUND -   | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| PARK DRIVE,  | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| CLEVELAND, OH 44122-7302   | PURPOSES OF FEDERATION    | онго             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         | 1    |
| П  | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| FOUNDATION - 34-1806783, 25701 SCIENCE PARK                            | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         |                           |      |
| DRIVE CLEVELAND OH 44122-7302  | PURPOSES OF FEDERATION    | онто             | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         | 1    |
| AND INEZ MYERS FOUNDATION - 34-6560945                                 | SUPPORT CHARITABLE,       |                  |                    |                                  |                           |                           |      |
| INCE F   | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         | _                         |      |
| CLEVELAND, OH 44122-7302   | PURPOSES OF FEDERATION    | ОНІО             | 501(c)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         |      |
| EILEEN AND MYRON NICKMAN FAMILY SUPPORTING                             | SUPPORT CHARITABLE,       |                  |                    |                                  |                           | -                         |      |
| 11 25701 SCIENCE PARK  | EDUCATIONAL AND RELIGIOUS |                  |                    |                                  | JEWISH FEDERATION         | _                         |      |
| DRIVE, CLEVELAND, OH 44122-7302  | PURPOSES OF PEDERATION    | оню              | 501(C)(3)          | 12A TYPE 1                       | OF CLEVELAND              | ×                         | 1    |
|  |                           |                  |                    |                                  |                           |                           |      |

Schedule R (Form 990)

THE SEMI J. & RUTH W. BEGUN FOUNDATION

34-1594565

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Partill Continuation of Identi

Continuation of Identification of Related Tax-Exempt Organizations

(g) Section 512(b)(13) ž organization? controlled . Yes TEWISH FEDERATION EWISH FEDERATION EWISH FEDERATION FWISH FEDERATION TEWISH FEDERATION JEWISH FEDERATION EWISH FEDERATION EWISH FEDERATION EWISH FEDERATION JEWISH FEDERATION TEWISH FEDERATION JEWISH FEDERATION Direct controlling OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND OF CLEVELAND DF CLEVELAND OF CLEVELAND status (if section Public charity 501(c)(3)) 12A TYPE 1 2A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 Exempt Code section 501(C)(3) 01(C)(3) 501(C)(3) 9 Legal domicile (state or foreign country) 3 OHIO OHIO OHIO OHIO OHIC OHIO OHIO OHIO OIHC OHIO OHIO OHIO SDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS IDUCATIONAL AND RELIGIOUS IDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS SEE SCHEDULE R, PART VII SUPPLEMENTAL INFORMATION SEE SCHEDULE R, PART VII SUPPLEMENTAL INFORMATION PURPOSES OF FEDERATION PURPOSES OF FEDERATION URPOSES OF FEDERATION URPOSES OF FEDERATION URPOSES OF FEDERATION URPOSES OF FEDERATION PURPOSES OF PEDERATION URPOSES OF PEDERATION URPOSES OF FEDERATION URPOSES OF FEDERATION FOR PRIMARY ACTIVITY Primary activity FOR PRIMARY ACTIVITY SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, UPPORT CHARITABLE PHYLLIS & DEBRA ANN NOVEMBER CHILDREN'S FUND DAVID AND ENID ROSENBERG FAMILY FOUNDATION -FOUNDATION - 31-1502117, 25701 SCIENCE PARK LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDIN NORMA AND ERNIE SIEGLER FAMILY FOUNDATION MICHAEL & ANITA SIEGAL FAMILY FOUNDATION - 61-1749334 31-1566156, 25701 SCIENCE PARK DRIVE 34-0946903, 25701 SCIENCE PARK DRIVE LAWRENCE C, SHERMAN FAMILY FOUNDATION 34-1916913 THE HARRY RATHER HUMAN SERVICES FUND 34-1360076, 25701 SCIENCE PARK DRIVE 37-1777614, 25701 SCIENCE PARK DRIVE 34-1458950, 25701 SCIENCE PARK DRIVE 34-1806781, 25701 SCIENCE PARK DRIVE 34-1832962, 25701 SCIENCE PARK DRIVE ROBERT S. & SYLVIA K, REITMAN FAMILY 34-1546349, 25701 SCIENCE PARK DRIVE NATHAN & FANNYE SHAFRAN FOUNDATION DRIVE, CLEVELAND, OH 44122-7302 Name, address, and EIN of related organization SCHOLNICK FAMILY FOUNDATION THE RIMON XLI FOUNDATION -CLEVELAND, OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND OH 44122-7302 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE OSTARA - 31-1606934

THE SEMI J. & RUTH W. BEGUN FOUNDATION

Partill Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

|   |                           |   |                     |                                      |                           |                           | 1   |
|---|---------------------------|---|---------------------|--------------------------------------|---------------------------|---------------------------|-----|
| <b>(a)</b>  | <b>(Q</b> )               | (2)                                       | <u>©</u>            | <b>(e)</b>                           | 6                         | (g)<br>Section 512(b)(13) | (5) |
| Name, address, and EIN<br>of related organization | Primary activity          | Legal domicile (state or foreign country) | Exempt Code section | Public charity<br>status (if section | Direct controlling entity | controlled.               |     |
|   |                           |   |                     | 501(c)(3))                           | 1                         | Yes No                    |     |
| ROBERT AND EILEEN SILL FAMILY FOUNDATION -        | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 46-4104662, 25701 SCIENCE PARK DRIVE,             | EDUCATIONAL AND RELIGIOUS |   |                     |                                      | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | ОНІО                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         | 1   |
| SIMON FAMILY FOUNDATION - 34-1808584              | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 25701 SCIENCE PARK DRIVE                          | EDUCATIONAL AND RELIGIOUS |   |                     |                                      | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | DHIO                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         |     |
| NAOMI G. & EDWIN Z. SINGER FAMILY FUND -          | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 34-1638257, 25701 SCIENCE PARK DRIVE              | EDUCATIONAL AND RELIGIOUS |   |                     |                                      | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | OHIO                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | X                         |     |
| IRVING I, STONE SUPPORT FOUNDATION -              | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 34-1476465, 25701 SCIENCE PARK DRIVE,             | EDUCATIONAL AND RELIGIOUS |   |                     | •                                    | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | DHIO                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         |     |
| NINA & NORMAN WAIN FAMILY FOUNDATION -            | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 31-1502119, 25701 SCIENCE PARK DRIVE              | EDUCATIONAL AND RELIGIOUS |   |                     | • •                                  | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | DHIO                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         |     |
| STANLEY E. AND SALLY HARRIS WERTHEIM FAMILY       | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| FOUNDATION - 30-0884987, 25701 SCIENCE PARK       | EDUCATIONAL AND RELIGIOUS |   |                     | •                                    | JEWISH FEDERATION         |                           |     |
| DRIVE, CLEVELAND, OH 44122-7302                   | PURPOSES OF FEDERATION    | рито                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | X                         |     |
| WOLF FAMILY FOUNDATION - 34-1638259               | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 25701 SCIENCE PARK DRIVE                          | EDUCATIONAL AND RELIGIOUS |   |                     |                                      | JEWISH FEDERATION         |                           |     |
| CLEVELAND OH 44122-7302                           | PURPOSES OF FEDERATION    | онго                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         |     |
| BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -      | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 34-1562999, 25701 SCIENCE PARK DRIVE,             | EDUCATIONAL AND RELIGIOUS |   |                     |                                      | JEWISH FEDERATION         | ·                         |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | DHIO                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         |     |
| DAN AND ELLEN ZELMAN FAMILY FOUNDATION -          | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 38-3876650, 25701 SCIENCE PARK DRIVE,             | EDUCATIONAL AND RELIGIOUS |   |                     |                                      | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | онто                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | X                         |     |
| ZILBER FAMILY FOUNDATION - 34-1711966             | SUPPORT CHARITABLE,       |   |                     |                                      |                           |                           |     |
| 25701 SCIENCE PARK DRIVE                          | EDUCATIONAL AND RELIGIOUS |   |                     | ••                                   | JEWISH FEDERATION         |                           |     |
| CLEVELAND, OH 44122-7302                          | PURPOSES OF FEDERATION    | ОНІО                                      | 501(C)(3)           | 12A TYPE 1                           | OF CLEVELAND              | ×                         |     |
|   |                           |   |                     |                                      |                           |                           |     |
|   |                           |   |                     |                                      |                           |                           |     |
|   |                           |   |                     |                                      |                           |                           |     |
|   |                           |   |                     |                                      |                           |                           |     |
|   |                           |   |                     |                                      |                           |                           |     |
|   |                           |   |                     |                                      |                           |                           |     |
|   |                           |   |                     |                                      |                           |                           |     |

732222 04-01-17

THE SEMI J. & RUTH W. BEGUN FOUNDATION Schedule R (Form 990) 2017

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Parilly 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. 34-1594565

| (a) Name, address, and EIN of related organization   | (b) Primary activity                            | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |                               | (f)<br>Share of total<br>income      | (g)<br>Share of<br>end-of-year<br>assets | Olsprapo<br>allocati            | tionate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065) | V-UBI           | General or P<br>managing<br>partner?             | General or Percentage<br>managing ownership<br>partner? |
|--|---|--------------------------------------|-------------------------------|---|-------------------------------|--------------------------------------|--|---------------------------------|--|-----------------|--|---|
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 |  |   |
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 |  |   |
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 |  |   |
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 |  |   |
| Parity 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. | anizations Taxable s<br>ooration or trust durin | is a Corpoid the tax )               | ration or Trust. Co<br>øar.   | omplete if the  | organization                  | answered "Yes                        | " on Form 99(                            | ), Part IV, lin                 | e 34, because  | t had on        | e or mor   | e related   |
| (a) Name, address, and EIN of related organization   | 7   | Priğ                                 | (b) Primary activity          | (C) Legal domicile (state or foreign country)   | (d) Direct controlling entity | ling Type of entity (C corp. S corp. | entity Sha is to st)                     | (f)<br>Share of total<br>income | (9)<br>Share of<br>end-of-year<br>assets                           | Perce<br>r owne | (h)<br>Percentage<br>ownership                   | Section<br>512(b)(13)<br>controlled<br>entity?          |
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 |  |   |
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 |  |   |
|  |   |                                      |                               |   |                               |                                      |  |                                 |  |                 | <del>                                     </del> |   |
|  |   |                                      |                               |   | İ                             |                                      |  |                                 |  |                 |  |   |
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्रिट्टीस्पुर्ते 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.

| The first included organization, one manuscripts by a contained to the first including | and choirs regarding excita |          | estment partnersnips.                      |        |                         |                                  |   |                                    |                         |
|--|-----------------------------|----------|--|--------|-------------------------|----------------------------------|---|------------------------------------|-------------------------|
| (a) Name address and FIN   | (a)<br>Drimon, posticita    | (c)      | (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e |        | ( <b>6</b> )            | Ξ                                | € :   | 9                                  | Z                       |
| of entity  | יוויימון מכווווין           |          | (related, unrelated, 501(c)(3)             | •      | snare or<br>end-of-year | tonate<br>tonate<br>allocations? | Usynopurication (General or Percentage bloats amount in Dox 20 managing ownership | General or<br>managing<br>partner? | Percentage<br>ownership |
|  |                             | country) | sections 512-514) Yes No                   | income | assets                  | Yes No                           | (Form 1065)   | Yes                                |                         |
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Schedule R (Form 990) 2017

| Schedule R (Form 990) 2017 THE SEMI J. & RUTH W. BEGUN FOUNDATION                          | 34-1594565      | Page 5       |
|--|-----------------|--------------|
| Part VIII Supplemental Information.  |                 |              |
| Provide additional information for responses to questions on Schedule R. See instructions. |                 | <del></del>  |
| SCHEDULE R. PART II, COLUMN B  |                 |              |
|  |                 |              |
| CONTINUATION OF PRIMARY ACTIVITY:  |                 |              |
| CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOUNDATION:   |                 |              |
| SUPPORT CHARITABLE EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION                        |                 |              |
|  |                 |              |
| INCLUDING THE PROMOTION OF QUALITY JEWISH EDUCATION  |                 |              |
|  |                 |              |
| CONTINUE D. DARM II. COLUMN D.   |                 |              |
| SCHEDULE R, PART II, COLUMN B  | <del></del>     |              |
| CONTINUATION OF PRIMARY ACTIVITY:  |                 |              |
| COMMISSION ON CEMETERY PRESERVATION:   |                 |              |
|  |                 |              |
| SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,                      |                 |              |
| INCLUDING THE PRESERVATION OF JEWISH CEMETERIES  |                 |              |
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| SCHEDULE R, PART II, COLUMN B  |                 |              |
| CONTINUATION OF PRIMARY ACTIVITY:  |                 |              |
| JEWISH COMMUNITY HOUSING INC.:   | •               |              |
|  |                 |              |
| SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,                      |                 |              |
| INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND THE DISABLED                          |                 |              |
|  |                 |              |
|  |                 |              |
| SCHEDULE R, PART II, COLUMN B  | <del></del> -   |              |
| CONTINUATION OF PRIMARY ACTIVITY:  |                 |              |
| THE HARRY RATNER HUMAN SERVICES FUND:  |                 |              |
| THE MARKI RAINER HUMAN SERVICES FUND.  | · · ·           |              |
| SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION,                      |                 |              |
| INCLUDING ASSISTING THE INDIGENT AND HOLOCAUST SURVIVORS WITH MEDICAL                      |                 |              |
|  |                 |              |
| AND BASIC FAMILY NEEDS   |                 | <del> </del> |
|  |                 |              |
| SCHEDULE R PART II COLUMN B  |                 |              |
|  | -               |              |
| CONTINUATION OF PRIMARY ACTIVITY:  |                 |              |
| LAURA & ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES EDUCATIONAL FOUNDATION:                     |                 |              |
| 732165 09-11-17  | Schedule R (For | m 990) 2017  |

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