990-PF

Return of Private Foundation

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

OMB No 1545-0047 2019

D	° eoartm	ent of the Treasury		▶ Do i	not enter so	cial sec	(1) Trust Trea urity numbers o	n this form as	it may be i	made p		012	2019	
		Revenue Service		▶ Go	to www.irs.g	ov/Fom	n990PF for insti	uctions and	the latest ir	format	ion.	1114	Open to Public Insp	ection
F	or ca	lendar year 2019	or ta	x year b	eginning			, 2019), and end					20
N	ame of	foundation TH	E aro	SEPH A	ND FLORE	ENCE I	MANDEL FAM	ILY		- 1	A Em	ployer ident	ification number	
	PENI	NI M. AND ST	EPHE	N J. V	WEINBERG	FAMI	LY FUND				83	-09875	49	
N	imber and street (or P O box number if mail is not delivered to street address) Room/suite						e 1	3 Tel	ephone num	nber (see instructions)				
	1000	O LAKESIDE A	VENII	TE:						ĺ	(216) 8	75 – 6500	
_		own, state or province			or foreign nosta	l code		-	<u> </u>					
0	ty or to	Jani, state of province	, country	y, and 211 v	or loreign posta					- 1	C Ife	xemption appl	ication is	
	OT 111	AND OU 4	4114								pen	ding, check he	ere	-
_		VELAND, OH 4					1							
G	Che	ck all that apply	X				Initial return		public cha	rity) 1 F	oreign organt	zations check here	▶ 📖
			<u> </u>	Final re			Amended re	turn					zations meeting the k here and attach	
_					s change		Name chang			\rightarrow				▶
Н	Che	ck type of organi	zation:	· [X] S	ection 501(c <u>)(3)</u> e:	kempt private	foundation	(9	u I.	= 16.00	rivate foundat	uon status was terminated	
	s	ection 4947(a)(1) r	nonexe	mpt char	table trust	<u></u>	ther taxable p	ivate founda	ation U	٠,			(b)(1)(A), check here	▶∐
, Ī	Fair	market value o	fall	assets a	t J Acco	unting i	method: X C	ash Ac	crual				is in a 60-month termination	ion
	end	of year (from Pa	nt II. ca	ol. (c). lın		ther (sp				'			(b)(1)(B) check here	
		▶ \$ 119,					(d), must be on c	ash basis)		_			•	
		Analysis of Rev	venue	and Exr			· ./.	<u> </u>					(d) Disbursem	
	الالعدد	total of amounts	ın colun	mns (b), (c	c), and (d)		Revenue and penses per	(b) Net inv		(c)		sted net	for charitab	
		may not necessa column (a) (see in			ounts in	J.,	books	inco	me		ince	ome	purposes (cash basis o	
-					ah aahad da									
	1	Charles X If th	ts, etc , re e found	eceived (attac ation is not	t required to								-	
	2	atta	cn Scn	в			·							
	3	Interest on savings a	nd temp	orary cash	investments.					<u> </u>				
	4	Dividends and inte	rest fro	om secunt	ies					-				
	5a	Gross rents												
1	ь	Net rental income or	(loss) _							ļ				
i e	6a	Net gain or (loss) fro		of assets no	t on line 10					<u> </u>			,	1
evenue	Ь	Gross sales price for assets on line 6a	al} 				···							
Š	7	Capital gain net in	come (from Part	IV, line 2) .				0.					
Revenue	8	Net short-term cap	oital gai	n			<u> </u>							
ַ	9	Income modification	ons						,					
	10 a	Gross sales less returnand allowances	าร				•							
	h	Less Cost of goods s	1											
2		Gross profit or (los	_	ıch schedi	ıle)									
	11	Other income (atta										-		
Ę	12	Total. Add lines 1					1 × 0.		0.					
ิก -	13						0.							
Š	13	Compensation of offi											· · · · · · · · · · · · · · · · · · ·	
Administrative Expenses	14	Other employee sa		_									·-	
Jer	15	Pension plans, em						 					-	
X	16 a	Legal fees (attach								-				
ē	b	Accounting fees (-			<u> </u>	ion	-	
Ę	С	Other professiona			-			Inte	mal Rev	Fille .	<u>ser/</u>		 	
tra	17	Interest			1			Rec	eived US	Ban	K - L	つは		
S	18	Taxes (attach sche	dule) (see ınstru	ctions)				3	16				
<u>.</u> =	19	Depreciation (atta	ch sch	edule) an	d depletion.						mn	,	-	,
Þ	20	Occupancy						<u></u>	NOV 1	630	17.U			
		Travel, conference	s, and	meetings				,						
and	22	Printing and public	cations											
0	23	Other expenses (a	•					1 156	Oac	en. l	π			
ifin	24	Total operating a		-				A CONTRACTOR	, -		•			
25		Add lines 13 throu			-		0.		Š.			all the line "		
Ž	23 24 25	Contributions, gift				_		<u> </u>	_ بر					•
_	26	Total expenses and dis					0.		 _				 	0
-	27	Subtract line 26 fr			C3 24 and 25			-		 			-	*
					diahuraa		0.						, , ,	
		Net investment in	-					 	0.	 			 	
	1 0	Mer maeziment m	iroille ((ii negativ	e, enter "U")		. "	1		1				

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000

c Adjusted net income (if negative, enter -0-). .

Cert Mail 9489 0090 0027 6229 4075 03 917

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Form 990-PF (2019)

Ρ	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End o	of year
		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1	Cash - non-interest-bearing		2,899,171.	2,899,171
	2	Savings and temporary cash investments			
		Accounts receivable ► 6,541.	+		** 34
	•	Less allowance for doubtful accounts ▶		6,541.	6,541
ĺ	4	Plades seemble N			
	~	Less allowance for doubtful accounts			_ <u></u>
	_	Grants receivable			
	5 6	Receivables due from officers, directors, trustees, and other			
	Ü	disqualified persons (attach schedule) (see instructions)			
-	7	Other notes and loans receivable (attach schedule)	u .	<u> </u>	
	′	Less allowance for doubtful accounts			
S	_	 -			
Assets	8	Inventories for sale or use			
Š	9	Prepaid expenses and deferred charges		<u> </u>	
`		Investments - U S and state government obligations (attach schedule), .			
ſ	b	Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule)	'	· · · · · · · · · · · · · · · · · · ·	
	10	(attach schedule)			
	12 13	Investments - mortgage loans		116,769,160.	116,769,160
ł	14	Land, buildings, and	, H	, , , -	^ (
		equipment basis Less accumulated depreciation (attach schadule)	 		
l	15	Other assets (describe >)			
		Total assets (to be completed by all filers - see the			
-		instructions Also, see page 1, item I)		119,674,872.	119,674,872
7	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
	18	•			, ,
S	19	Grants payable	· ·		, ,
	20	Deferred revenue , ,			-
P	21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule),,			1
≘	22	Other liabilities (describe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	44	Other habilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	,
ᅥ	<u></u> -	Foundations that follow FASB ASC 958, check here			,
ë		and complete lines 24, 25, 29, and 30.			
an	24	Net assets without donor restrictions			, ^v
Balances	25	Net assets with donor restrictions			
_		Foundations that do not follow FASB ASC 958, check here			-
5		and complete lines 26 through 30			',
٦	26	Capital stock, trust principal, or current funds		1	\ \
S	27	Paid-in or capital surplus, or land, bldg , and equipment fund			
še	26 27 28 29 30	Retained earnings, accumulated income, endowment, or other funds		119,674,872.	
Š	29	Total net assets or fund balances (see instructions)	0.	119,674,872.	
a	30	Total liabilities and net assets/fund balances (see			
ž	-	instructions)	0.	119,674,872.	; *
P	art II	Analysis of Changes in Net Assets or Fund Bala		<u>,</u>	
		al net assets or fund balances at beginning of year - Part		must agree with	
		of-year figure reported on pnor year's return)	, , ,	_	0
2		er amount from Part I, line 27a			0
3	Oth	er increases not included in line 2 (itemize) ▶		3	
		lines 1, 2, and 3			0
		reases not included in line 2 (itemize) ▶		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (Q
<u> </u>		and thinks		- p	Form 990-PF (2019)

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Part IV Capital Gair	ns and Losses for Tax on Inv	vestment Income			raye
(a) List and	describe the kind(s) of property sold (for	example, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-stor	y brick warehouse, or common stock, 200	0 shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo, day, yr)
<u>1a </u>			<u> </u>		
b			 	 	
<u> </u>			1		-
			<u> </u>	 	
<u>e</u>		(a) Cost or other bone	 		L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
<u>a</u>			<u> </u>		
C					
				·	_
e		<u> </u>	ļ		<u>-</u> .
Complete only for asset	s showing gain in column (h) and owne			Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
a				<u> </u>	
b					
<u>c</u>					
е	<u> </u>		ļ		
2 Capital gain net incon	ne or (net canital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capita	I gain or (loss) as defined in section				
	Part I, line 8, column (c) See in		} }		
Part I, line 8	. <u> </u>		3		
		educed Tax on Net Investment I	ncome		
	o, reave the part blank	ibutable amount of any year in the b			Yes N
		ear, see the instructions before mak	ing any er	trios	
(a)			ling any er	(d)	
Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	_	Distribution ra (col (b) divided by	
2018			ļ		
2017		<u> </u>	ļ		
2016	 				
2015			ļ		
2014	<u></u>				
			1		
			2		
_	atio for the 5-year base period - divi				
the number of years t	he foundation has been in existence	e if less than 5 years	3		
4 Enter the net value of	noncharitable-use assets for 2019	from Part X, line 5	4		
5 Multiply line 4 by line	3		5		
6 Enter 1% of net inves	tment income (1% of Part I, line 27b)	6		
7 Add lines 5 and 6			7	· -	
6 Fmt	huduna faan Ded VIII bee 4		8		
8 Enter qualifying distril If line 8 is equal to o Part VI instructions	r greater than line 7, check the bo	x in Part VI, line 1b, and complete		using a 1% ta	x rate See t

m 990-PF (2019)			Page 4
ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see	ınstruct	ions)
a Exempt operating foundations described in section 4940(d)(2), check here ▶ 🔲 and enter "N/A" on line 1)			
Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	<u></u> -		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		0.
here ▶ and enter 1% of Part I, line 27b ,	-		-
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
Part I, line 12, col (b)			
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		
Add lines 1 and 2	3		0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		0.
Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5		0.
Credits/Payments			
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
b Exempt foreign organizations - tax withheld at source			,
c Tax paid with application for extension of time to file (Form 8868) 6c			
d Backup withholding erroneously withheld	1 1	•	
Total credits and payments Add lines 6a through 6d	7		0.
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		
Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
Enter the amount of line 10 to be Credited to 2020 estimated tax			
art VII-A Statements Regarding Activities	I I		
During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did it	T	res No
participate or intervene in any political campaign?		1a	X
Did it spend more than \$100 during the year (either directly or indirectly) for political purpose			
		1 _b	l x
instructions for the definition			
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	iny materials	1 1	
published or distributed by the foundation in connection with the activities		1c ~	<u></u>
c Did the foundation file Form 1120-POL for this year?		-	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			,
(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	Imposea		
on foundation managers \$			~- - <u>x</u>
Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	- ^
If "Yes," attach a detailed description of the activities			
Has the foundation made any changes, not previously reported to the IRS, in its governing instrur			<u>x</u>
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	- ^
b If "Yes," has it filed a tax return on Form 990-T for this year?		4b	$\frac{1}{x}$
Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	
If "Yes," attach the statement required by General Instruction T			
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandatory disconnections.	rections that		
conflict with the state law remain in the governing instrument?		–	X
Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and Part XV	7	х
Enter the states to which the foundation reports or with which it is registered. See instructions			
].
If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	rney General		l <u>·</u> _
(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х
Is the foundation claiming status as a private operating foundation within the meaning of section	4942(J)(3) or		
4942(J)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part 3	KIV If "Yes,"		
complete Part XIV		9	X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Part '	VII-A Statements Regarding Activities (continued)			
		_	Yes	No
	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	neaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
	old the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	erson had advisory privileges? If "Yes," attach statement See instructions	12		X
13 D	old the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Vebsite address ► N/A	<u> </u>		
14 T	he books are in care of BRADLEY S. SMITH Telephone no 216-875-	6500	<u> </u>	
	ocated at ▶1000 LAKESIDE AVE E CLEVELAND, OH ZIP+4 ▶ 44114			, ,
	section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• •	▶	
	nd enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16 A	t any time during calendar year 2019, did the foundation have an interest in or a signature or other authority.		162	X
	ver a bank, securities, or other financial account in a foreign country?	16		
s	see the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		,	
	ne foreign country			
Part '		,	Yes	No
	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		ies	NO
	Ouring the year, did the foundation (either directly or indirectly)			
	1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
()	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
(:	5) Transfer any income or assets to a disqualified person (or make any of either available for	_	,	
	the benefit or use of a disqualified person)? Yes X No			
(1	6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after		'	
	termination of government service, if terminating within 90 days)			J.
	any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		77	
	old the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		<u> </u>	X
	vere not corrected before the first day of the tax year beginning in 2019?	1c		·-
	axes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	perating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	at the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	d and 6e) for tax year(s) beginning before 2019?			
	"Yes," list the years			
	are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
•	relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		-
	Ill years listed, answer "No" and attach statement - see instructions)	20		
_	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	'		
	· · · · · · · · · · · · · · · · · · ·	,		
	old the foundation hold more than a 2% direct or indirect interest in any business enterprise it any time during the year?		·	
	, , ,			
	f "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	ı		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	2	,	
	he 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3b		
	oundation had excess business holdings in 2019)			Х
	Oid the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		70 ~
	old the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		
c	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	m 99)_PF	

7,04	t VII-B Statements Regarding Activities	TOT WITHCITT OTHER	4720 May De Red	uncu (oommacu)			
5a	During the year, did the foundation pay or incur any amount	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	,		· [
	(2) Influence the outcome of any specific public ele	ection (see section 4	955), or to carry or				1
	directly or indirectly, any voter registration drive?			Yes X No	,	'	•
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X No	, -	ı.	1
	(4) Provide a grant to an organization other than a				-	ľ	
	section 4945(d)(4)(A)? See instructions			Yes X No	,	٠.	, ,
	(5) Provide for any purpose other than religious, ch	naritable, scientific, I	iterary, or education:		,		
	purposes, or for the prevention of cruelty to children				I		
·ь	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	·		
	Regulations section 53 4945 or in a current notice regar	dıng disaster assistanı	ce? See instructions		5b		X
	Organizations relying on a current notice regarding disa	ster assistance, check	here				
С	if the answer is "Yes" to question 5a(4), does the	foundation claim ex	xemption from the t	ах			
	because it maintained expenditure responsibility for the	grant?		. Yes No	,		1
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	nds, directly or indire	ectly, to pay premiur	ms		.	1
	on a personal benefit contract?			Yes X No	·	<u></u>	
ь	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	6b	<u> </u>	X
	If "Yes" to 6b, file Form 8870						1
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	. Yes X No	·		
ь	If "Yes," did the foundation receive any proceeds or ha	ve any net income attri	butable to the transact	on ⁹	7b		
8	Is the foundation subject to the section 4960 tax on page						;
	remuneration or excess parachute payment(s) during the	year?		. Yes X No		L	
Pai	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ndation Manager	s, Hignly Pald Emp	oloyees,		
1	List all officers, directors, trustees, and foundat	ion managers and		. See instructions.			
	/ > No	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se accol	unt.
	(a) Name and address	hours per week	(If not paid,	employee benefit plans	other al	lowance	c
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
л т С I		hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
ATCI		devoted to position	(If not paid,	employee benefit plans	other al	lowance	o.
ATCI		nours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
ATCI	H 2	nours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
ATCI		nours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
ATCI	H 2	nours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
ATCI	H 2	nours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
ATCI	H 2		(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other al		o.
ATCI	H 2		(If not paid, enter -0-)	employee benefit plans and deferred compensation 0.	other al		o.
2	Compensation of five highest-paid employees "NONE."	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction	ons). If n	one,	0. enter
2	Compensation of five highest-paid employees	(other than thos	(If not paid, enter -0-)	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	other al	one,	enter
2	Compensation of five highest-paid employees "NONE."	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE."	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
2	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos	(If not paid, enter -0-) 0.	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter
(a)	Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(other than thos (b) Title, and average hours per week devoted to position	enter -0-) 0 . e included on lin (c) Compensation	e 1 - see instruction (d) Contributions to employee benefit plans and deferred	ons). If n	one,	enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		_
otal numbe	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the four	dation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3,		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other pro	gram-related investments. See instructions	
3 NONE		
otal. Add I	nes 1 through 3	Form 990-PF (20

Pa	rt X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn fo	oundations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc., losses.		
a	Avei	rage monthly fair market value of securities	1a	
t		rage of monthly cash balances	1b	
-		market value of all other assets (see instructions).	1c	
		Il (add lines 1a, b, and c)	1d	0.
_	Redi	uction claimed for blockage or other factors reported on lines 1a and		
		attach detailed explanation) 1e		
2		uisition indebtedness applicable to line 1 assets	2	
3		tract line 2 from line 1d	3	
4		n deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	_	
•		uctions)	4	
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6		mum investment return. Enter 5% of line 5	6	0.
		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)		าร
1	Mini	mum investment return from Part X, line 6	1	***************************************
2 a		on investment income for 2019 from Part VI, line 5		
L	Inco	me tax for 2019 (This does not include the tax from Part VI.).		
		lines 2a and 2b	2c	
3		ributable amount before adjustments Subtract line 2c from line 1		
4		overies of amounts treated as qualifying distributions.	4	
5		lines 3 and 4	5	
6		uction from distributable amount (see instructions)	6	
7		ributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
_		1	7	0.
Pa	rt XII	Qualifying Distributions (see instructions)		
1	Amo	ounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
t		gram-related investments - total from Part IX-B		
2	-	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses	2	
3		ounts set aside for specific charitable projects that satisfy the		
a		ability test (prior IRS approval required)	3a	
t		h distribution test (attach the required schedule)	3b	
4		rfying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		er 1% of Part I, line 27b. See instructions	5	0.
6		isted qualifying distributions. Subtract line 5 from line 4		0.
	-	e: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years		ing whether the foundation

Form **990-PF** (2019)

Pai	art XIII Undistributed Income (see instructions)								
	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019				
'					0.				
_	line 7		 		<u> </u>				
	Undistributed income, if any, as of the end of 2019								
	Enter amount for 2018 only	·							
	. ,	. .	*						
	Excess distributions carryover, if any, to 2019								
	From 2014								
	From 2015								
	From 2016								
	From 2017								
	From 2018				1				
	Total of lines 3a through e								
4	 				ł				
_	Inne 4 ▶ \$ Applied to 2018, but not more than line 2a								
					1				
b	Applied to undistributed income of prior years (Election required - see instructions)								
			· - ·		<u> </u>				
	Treated as distributions out of corpus (Election required - see instructions)								
	Applied to 2019 distributable amount								
е	Remaining amount distributed out of corpus				Ī				
5	Excess distributions carryover applied to 2019								
	(If an amount appears in column (d), the same amount must be shown in column (a))	_							
6	Enter the net total of each column as								
•	indicated below:								
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				<u></u>				
b	Prior years' undistributed income Subtract								
	line 4b from line 2b				<u> </u>				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has								
	been issued, or on which the section 4942(a)								
	tax has been previously assessed				<u> </u>				
d	Subtract line 6c from line 6b Taxable		!						
_	amount - see instructions	***		-					
e	4a from line 2a Taxable amount - see								
	instructions								
f	Undistributed income for 2019 Subtract lines								
	4d and 5 from line 1 This amount must be								
	distributed in 2020				1				
7	Amounts treated as distributions out of corpus	18							
	to satisfy requirements imposed by section								
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	•							
	Excess distributions carryover from 2014 not	_							
0	applied on line 5 or line 7 (see instructions)								
9	Excess distributions carryover to 2020.				· 1				
-	Subtract lines 7 and 8 from line 6a	0.							
0	Analysis of line 9				1				
	Excess from 2015								
b	Excess from 2016			ľ					
c	Excess from 2017								
d	Excess from 2018								
e	Excess from 2019								

						/
	990-PF (2019)	45F	(tion O	Page 10
				and Part VII-A, ques	<u> </u>	NOT APPLICABLE
та	If the foundation has	-		hat it is a private ope ng	7.1	
b	Check box to indicate v	-		-		942(J)(3) or 4942(J)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
d	XII, line 4, for each year listed . Amounts included in line 2c not		 -		 	
	used directly for active conduct of exempt activities					
е	Qualifying distributions made	-			-	
	directly for active conduct of exempt activities. Subtract line					
•	2d from line 2c					
3	Complete 3a, b or c for the alternative test relied upon		,			
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section 4942()(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest dividends, rents, payments on secunties	· /				
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)				<u> </u>	
	(3) Largest amount of sup- port from an exempt					
	organization				<u> </u>	
Рa	rt XV Supplemen	ntary Information (C	Complete this pa	rt only if the found	lation had \$5,00	00 or more in assets at
	any time d	uring the year - see	instructions.)			
1	Information Regarding	•		ara than 20% of the to	tal contributions r	accurately the foundation
a				d more than \$5,000) (eceived by the foundation (2))
	N/A	•				
b						qually large portion of the
	ownership of a partner	ship or other entity) of	which the foundati	on has a 10% or greate	er interest	
	27 / 7					
2	N/A Information Regardin	g Contribution Grant	Gift Loan Scholar	ship etc. Programs:		
-	_	•		-	ritable organizatio	ons and does not accept
						ns under other conditions,
_	complete items 2a, b,					
а	The name, address, a	nd telephone number	or email address of	the person to whom ap	oplications should be	e addressed
h	N/A The form in which app	lications should be sub	mutted and informa	tion and materials the	v should include	
U	The form in which app	iications should be sur	milited and imornia	nion and materials the	y sticula iliciade	
	N/A					
С	Any submission deadli	nes				
	N1 / 7A					
d	N/A Any restrictions or li	mitations on awards	such as by geo	graphical areas, chari	table fields, kinds	of institutions, or other
_	factors		2, 300	J 4		
	N/A					

Form 990-PF (2019)

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Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Alliouni
a Paid during the year				-
J				
•				
•				
	<u> </u>		1	
Total		<u></u>	<u>▶</u> 3a	
b Approved for future payment				
				1
			}	
		İ		
		<u></u>		<u> </u>
Total			▶ 3h	

P	art XVI-	A Analysis of Income-Produ	ucing Acti	ivities			
_		amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
		service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	•	1		· · · · · · · · · · · · · · · · · · ·			7000 11101 20110110 /
	_		_	_			
				<u> </u>			
	e						
	f						
	g Fees a	and contracts from government agencies					
2	Members	ship dues and assessments					
3	Interest o	n savings and temporary cash investments -		<u>-</u>			
		is and interest from securities					
5	Net renta	al income or (loss) from real estate			,		
	a Debt-	financed property					-
	b Not d	lebt-financed property					
6	Net rental	I income or (loss) from personal property					
7	Other in	vestment income					
8	Gain or (k	oss) from sales of assets other than inventory	ļ <u> </u>				
9	Net inco	me or (loss) from special events					
10	Gross pr	ofit or (loss) from sales of inventory		<u> </u>			
11	Other rev	venue a					
	b						
	c	<u> </u>					
	d						·
	е						
12	Subtotal	Add columns (b), (d), and (e)]		
		dd line 12, columns (b), (d), and (e)				13	
_		neet in line 13 instructions to verify calci					
P	art XVI-	B Relationship of Activities	s to the A	ccomplishment of Ex	cempt Pur	poses	
L	.ine No. ▼	Explain below how each activity accomplishment of the foundation					
		<u></u>					
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Part	XVII	Information Organization		Transfers	to and	Transaction	ns a	ind Relations	hips W	ith Nonc	haritab	le Ex	empt
II C	n sec organiz	e organization direction 501(c) (other zations?	than se	ction 501(c)	(3) orga	anizations) or	in	section 527,				Yes	No
(1) Cas	ers from the reportirsh						. .					x
		ner assets									1a(2)	<u> </u>	X
		ransactions:											х
		es of assets to a no chases of assets fro											$\frac{\hat{x}}{x}$
-	-	ntal of facilities, equ											X
	•	mbursement arrang	=										Х
-		ans or loan guarante											Х
Ì	6) Pe	formance of service	es or mem	bership or fu	ndraising	solicitations.					1b(6		Х
		g of facilities, equipm											Х
		answer to any of th											
		of the goods, other	-	•	•								
(a) Line		n any transaction of (b) Amount involved		ne of nonchants			T -	d) Description of tr		···			
(a) cine	on e	N/A	(c) Na	ne or nonchants	юв ехетр	t organization	+ <u>`</u>	A	ansiers, vai	isacuons, and	snanng am	angeme	nis
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d		foundation directly led in section 501(c) " complete the follo) (other tha	in section 50		-					Y	es X] No
		(a) Name of organization		(b) Type of organization			(c) Description			ionship			
					-								
		penalties of perjury, I declar							nd to the b	est of my know	ledge and	belief, It	ls true,
C:	correct	t, and complete Declaration o	f preparer (othe	r than taxpayer) is t	pased on all I	Information of which	prepar	er has any knowledge					
Sign		Kayn G. U	eul	1	10/29	1/2020) ,	Secretary			IRS discus		return elow?
Here	Sigur	ature of officer or trustee			Date		Title	0		See instru			No
	نــــــــــــــــــــــــــــــــــــــ											-	
Paid		Print/Type preparer's na	me	Prep	arer's signa	ature /		Date	<u>'</u>	Check ı	PTIN		
	2202	DAVID W PAGE			XU	14-5		11/5/3	2020	self-employed			8
Prepa		. 10	RKWOOD					·	Firm's	EIN ▶37-	-16654	/1	
Use C	אוחכ	Firm's address 1000 LAKESIDE AVE E CLEVELAND, OH						44114-111	7 5.	216-	-875-6	500	
		L	'- A TRUIAF	, 011				*4**4 TTT	/ Phone	no 210	3,3 0	500	

Form **990-PF** (2019)

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ATTACHMENT 1

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING	44,036. 5,754,888. 160,655. 68,528,839. 1,111,820. 41,168,922.
ENDING BOOK VALUE	44,036. 5,754,888. 160,655. 68,528,839. 1,111,820. 41,168,922.
DESCRIPTION	PARTNERSHIP INTERESTS CHESTER CAPITAL EUCLID PARTNERS FOUNDATION INVESTMENTS OF OHIO LAKESIDE PARTNERS I SIMON CHARITABLE PRIVATE

AND TRUSTEES

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS,

ATTACHMENT 2

CONTRIBUTIONS

BENEFIT PLANS TO EMPLOYEE

COMPENSATION

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

0

0

TRUSTEE

1000 LAKESIDE AVENUE CLEVELAND, OH 44114

PENNI M. WEINBERG

NAME AND ADDRESS

.

TRUSTEE

1000 LAKESIDE AVENUE

PAMELA M. KAHN

CLEVELAND, OH 44114

.

TRUSTEE

1000 LAKESIDE AVENUE

JENNIFER W. DINNER

CLEVELAND, OH 44114

.

ASSISTANT SECRETARY

1000 LAKESIDE AVENUE

MARK MADEJA

CLEVELAND, OH 44114

.

TRUSTEE

1000 LAKESIDE AVENUE

STEPHANIE MILLER

CLEVELAND, OH 44114

0

SECRETARY

1000 LAKESIDE AVENUE

KAREN A. VEREB

CLEVELAND, OH 44114

ATTACHMENT 2 (CONT'D)

11	
, AND TRUSTEES	
AND	
S, DIRECTORS,	
LIST OF OFFICERS,	
Q.	
LIST	
VIII	
PART	
FORM 990PF, PART VIII	
FORM	j

		·	1.11
EXPENSE ACCT AND OTHER ALLOWANCES	0	0	,
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	o	0
COMPENSATION	.0	0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT	TREASURER	GRAND TOTALS
NAME AND ADDRESS	BRADLEY S. SMITH 1000 LAKESIDE AVENUE CLEVELAND, OH 44114	BRADLEY S. SMITH 1000 LAKESIDE AVENUE CLEVELAND, OH 44114	