

Form **990**
Department of the Treasury
Internal Revenue Service

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CLEVELAND RESTORATION SOCIETY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3751 PROSPECT AVENUE

City or town, state or province, country, and ZIP or foreign postal code
CLEVELAND, OH 44115

D Employer identification number
23-7218767

E Telephone number
(216) 426-1000

G Gross receipts \$ 775,848

F Name and address of principal officer
KATHLEEN H CROWTHER
3751 PROSPECT AVENUE
CLEVELAND, OH 44115

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ CLEVELANDRESTORATION.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1972

M State of legal domicile
OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CLEVELAND RESTORATION SOCIETY, INC (CRS), USES THE POWERFUL TOOL OF HISTORIC PRESERVATION TO REVITALIZE OUR DIVERSE COMMUNITIES, STRENGTHEN THE REGIONAL ECONOMY, AND ENHANCE THE QUALITY OF LIFE IN NORTHEASTERN OHIO. CRS'S VISION OUR DREAM FOR OURSELVES AND OUR CHILDREN IS THAT NORTHEASTERN OHIO RECLAIMS ITS VITALITY AND PROSPERITY AND ADDS TO ITS BEAUTY THROUGH THE PRESERVATION OF ITS REMARKABLE ARCHITECTURAL HERITAGE. STRATEGIES THROUGH PRODUCTIVE PARTNERSHIPS AND CREATIVE ALLIANCES WITH COMMUNITY LEADERS, AND WITH ATTENTION TO THE CREATION OF ECONOMICALLY VIABLE SOLUTIONS, WE FOCUS ON 1) CREATING VIBRANT, HIGH-VALUE NEIGHBORHOODS IN KEY HISTORIC AREAS, 2) ENCOURAGING THE PRESERVATION OF CLEVELAND'S GREATEST LANDMARKS, 3) ADVOCATING FOR PRESERVATION-FRIENDLY PUBLIC POLICIES, AND 4) CELEBRATING AND COMMUNICATING THE POSITIVE ROLE OF PRESERVATION. CRS HAS FOUR CORE PROGRAMS - ADVOCACY & PUBLIC POLICY, PUBLIC EDUCATION & EVENTS, PRESERVATION SERVICES, AND REAL ESTATE INTERVENTION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	18
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	522,185	633,015
9 Program service revenue (Part VIII, line 2g)	11,800	13,420
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,422	34,488
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,041	38,126
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	758,448	719,049
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	509,044	522,875
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,127		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	253,693	304,327
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	762,737	827,202
19 Revenue less expenses—subtract line 18 from line 12	-4,289	-108,153

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,032,553	2,070,151
21 Total liabilities (Part X, line 26)	221,714	202,886
22 Net assets or fund balances—subtract line 21 from line 20	1,810,839	1,867,265

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: _____ Date: 2018-05-16
KATHLEEN H CROWTHER, PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: KC KOESTER
Preparer's signature: KC KOESTER
Date: 2018-05-16
Check if self-employed
PTIN: P00561921
Firm's name: KOESTER DISALVO AND FRIED
Firm's EIN: 34-1510689
Firm's address: 5587 TURNEY ROAD
Phone no: (216) 475-7844
GARFIELD HTS, OH 44125

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CLEVELAND RESTORATION SOCIETY, INC (CRS), USES THE POWERFUL TOOL OF HISTORIC PRESERVATION TO REVITALIZE OUR DIVERSE COMMUNITIES, STRENGTHEN THE REGIONAL ECONOMY, AND ENHANCE THE QUALITY OF LIFE IN NORTHEASTERN OHIO CRS'S VISION OUR DREAM FOR OURSELVES AND OUR CHILDREN IS THAT NORTHEASTERN OHIO RECLAIMS ITS VITALITY AND PROSPERITY AND ADDS TO ITS BEAUTY THROUGH THE PRESERVATION OF ITS REMARKABLE ARCHITECTURAL HERITAGE STRATEGIES THROUGH PRODUCTIVE PARTNERSHIPS AND CREATIVE ALLIANCES WITH COMMUNITY LEADERS, AND WITH ATTENTION TO THE CREATION OF ECONOMICALLY VIABLE SOLUTIONS, WE FOCUS ON 1) CREATING VIBRANT, HIGH-VALUE NEIGHBORHOODS IN KEY HISTORIC AREAS, 2) ENCOURAGING THE PRESERVATION OF CLEVELAND'S GREATEST LANDMARKS, 3) ADVOCATING FOR PRESERVATION-FRIENDLY PUBLIC POLICIES, AND 4) CELEBRATING AND COMMUNICATING THE POSITIVE ROLE OF PRESERVATION CRS HAS FOUR CORE PROGRAMS - ADVOCACY & PUBLIC POLICY, PUBLIC EDUCATION & EVENTS, PRESERVATION SERVICES, AND REAL ESTATE INTERVENTION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$	111,762	including grants of \$)	(Revenue \$)
	See Additional Data						

4b	(Code)	(Expenses \$	185,115	including grants of \$)	(Revenue \$)
	See Additional Data						

4c	(Code)	(Expenses \$	47,720	including grants of \$)	(Revenue \$)
	See Additional Data						

	(Code)	(Expenses \$	172,829	including grants of \$)	(Revenue \$	13,420)
	ADVOCACY & PUBLIC POLICY - ENCOURAGING ACTIVITIES AND POLICIES THAT LEVEL THE PLAYING FIELD FOR PRESERVATION AND REHABILITATION CRS PARTICIPATES IN CLEVELAND LANDMARKS COMMISSION, PLANNING COMMISSION, AND DESIGN REVIEW MEETINGS AS THE VOICE FOR ENDANGERED BUILDINGS, PROTECTS HISTORIC TAX CREDITS, AND IS A THOUGHT LEADER FOR AMERICA'S LEGACY CITIES SARAH BENEDICT HOUSE - THE SOCIETY AND ITS STAFF ARE HEADQUARTERED AT THIS HISTORIC HOUSE, WHICH IS LOCATED IN THE UPPER PROSPECT HISTORIC DISTRICT IN DOWNTOWN CLEVELAND, OHIO CRS IS A MEMBER OF THE NATIONAL TRUST PARTNERS NETWORK CRS WAS INVOLVED IN SEVERAL SIGNIFICANT PROJECTS IN 2017, INCLUDING THE DALL HOUSES ON EAST 46TH STREET IN CLEVELAND, THE LUTHER MOSES HOUSE ON LEXINGTON AVENUE IN CLEVELAND, ROUNDWOOD MANOR IN DAISY HILL, AND 18520 WINSLOW ROAD IN THE WINSLOW ROAD HISTORIC DISTRICT IN SHAKER HEIGHTS						

4d Other program services (Describe in Schedule O)
 (Expenses \$ 172,829 including grants of \$) (Revenue \$ 13,420)

4e Total program service expenses ▶ 517,426

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (39); 1b Enter the number of voting members included in line 1a, above, who are independent (38); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (No); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (Yes).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: KATHLEEN H CROWTHER 3751 PROSPECT AVENUE CLEVELAND, OH 44115 (216) 426-1000

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b	15,333				
	c Fundraising events . . .	1c	105,675				
	d Related organizations	1d					
	e Government grants (contributions)	1e	265,451				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	246,556				
	g Noncash contributions included in lines 1a-1f \$ <u>5,130</u>						
	h Total. Add lines 1a-1f			633,015			
Program Service Revenue			Business Code				
	2a PROPERTY MANAGEMENT			13,420	13,420		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			13,420				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34,488		34,488	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			41,175				
		b Less rental expenses					
		c Rental income or (loss)	41,175				
	d Net rental income or (loss)			41,175		41,175	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ <u>105,675</u> of contributions reported on line 1c) See Part IV, line 18	a	53,279				
		b Less direct expenses	b	56,799			
c Net income or (loss) from fundraising events				-3,520		-3,520	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS			471	471			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			471				
12 Total revenue. See Instructions			719,049	13,891		72,143	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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 individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	214,825	73,798	90,312	50,715
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.	205,482	141,500	25,982	38,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	14,262	7,161	4,151	2,950
9 Other employee benefits.	54,183	27,202	15,773	11,208
10 Payroll taxes.	34,123	17,130	9,935	7,058
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	3,138		3,138	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,580	19,580		
12 Advertising and promotion.	2,619	2,619		
13 Office expenses.	26,782	13,412	10,444	2,926
14 Information technology.				
15 Royalties.				
16 Occupancy.	83,276	79,639	2,128	1,509
17 Travel.	21,271	5,119	16,152	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	9,453	2,593	6,860	
20 Interest.	429	429		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	89,216	83,152	6,064	
23 Insurance.	8,509	4,271	2,477	1,761
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 O.)				
a PROGRAM EXPENSES	31,688	31,455	233	
b FACADE	8,346	8,346		
c MISCELLANEOUS	20	20		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	827,202	517,426	193,649	116,127
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	95,487	1	113,852
	2 Savings and temporary cash investments	120,400	2	86,351
	3 Pledges and grants receivable, net	152,542	3	195,841
	4 Accounts receivable, net		4	8,975
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	9,146	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,155	9	14,146
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,846,648		
	b Less accumulated depreciation	1,614,336		
	11 Investments—publicly traded securities	1,353,715	11	1,418,674
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,032,553	16	2,070,151	
Liabilities	17 Accounts payable and accrued expenses	190,307	17	198,463
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,070	23	4,423
	24 Unsecured notes and loans payable to unrelated third parties		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	21,337	25	
	26 Total liabilities. Add lines 17 through 25	221,714	26	202,886
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	645,338	27	777,685
	28 Temporarily restricted net assets	567,460	28	435,784
	29 Permanently restricted net assets	598,041	29	653,796
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	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	1,810,839	33	1,867,265
	34 Total liabilities and net assets/fund balances	2,032,553	34	2,070,151

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	719,049
2	Total expenses (must equal Part IX, column (A), line 25)	2	827,202
3	Revenue less expenses Subtract line 2 from line 1	3	-108,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,810,839
5	Net unrealized gains (losses) on investments	5	164,579
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,867,265

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 23-7218767

Name: CLEVELAND RESTORATION SOCIETY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PUBLIC EDUCATION & EVENTS - EDUCATING THE PUBLIC AND CELEBRATING THE POSITIVE ROLE PRESERVATION PLAYS IN MAKING NORTHEAST OHIO A BETTER PLACE TO LIVE AND WORK THIS IS DONE THROUGH EVENTS, PUBLICATIONS, AND ELECTRONIC MEDIA IN 2017, CRS PUBLISHED ONE ISSUE OF ITS FACADE MAGAZINE AND A STAND-ALONE ANNUAL REPORT, DISTRIBUTED TWELVE ISSUES OF ITS EMAIL NEWSLETTER, PERSPECTIVES (AVERAGE OPEN RATE 25%), SENT OUT 48 ADDITIONAL EMAIL NEWS AND EVENT BULLETINS, HELD THREE MAJOR EVENTS, HELD ADDITIONAL SMALLER EVENTS, FOR A TOTAL EVENT ATTENDANCE IN 2017 OF APPROXIMATELY 3,000 INDIVIDUALS, AND POSTED ON SOCIAL MEDIA (2,329+ FACEBOOK FOLLOWERS, 742+ INSTAGRAM FOLLOWERS)

Form 990, Part III, Line 4b:

PRESERVATION SERVICES - SERVING COMMUNITIES BY PROVIDING PRESERVATION-BASED ASSISTANCE TO MATCH LOCAL NEEDS, INCLUDING SURVEY WORK, BUILDING ASSESSMENTS, TECHNICAL ASSISTANCE, AND FACILITATING HISTORIC DESIGNATIONS IN 2017, CRS CONTINUED ITS HUMANITIES PROJECT IN CLEVELAND'S WARD 1 CONDUCTING INTERVIEWS, COLLECTING PHOTOGRAPHS, DEVELOPING A WEBSITE, AND SPONSORING LECTURES BY A NATIONALLY NOTED SCHOLAR CRS SPONSORED LOCAL STORYTELLING AND DIGITIZATION EVENTS TO HELP THE COMMUNITY RECORD ITS HISTORY WE WORKED WITH JOHN F KENNEDY PACT (PROBLEM-BASED ACADEMY OF CRITICAL THINKING) TEACHERS TO DESIGN A LOCAL HISTORY CURRICULUM FOR ADVANCED STUDENTS WE COMPLETED NATIONAL REGISTER PRELIMINARY QUESTIONNAIRE FOR THE ARTHUR BUSSEY HISTORIC DISTRICT CRS ALSO WORKED WITH CITY OFFICIALS AND RESIDENTS OF SHAKER HEIGHTS' SOUTH MORELAND NEIGHBORHOOD, BY CREATING AN ARCHITECTURAL STYLE GUIDE FOR THE NEIGHBORHOOD, HELPING TO CREATE A SURVEY APP, AND CONDUCTING TRAINING FOR RESIDENTS TO COMPLETE AN ARCHITECTURAL SURVEY OF THEIR NEIGHBORHOOD WE WORKED WITH THE CLEVELAND DEPARTMENT OF BUILDING & HOUSING TO SURVEY 67 PROPERTIES SLATED FOR DEMOLITION, AND PROVIDED CONSULTATION TO THE CITY OF HUDSON ASSISTANCE INVOLVING A HISTORIC STOREFRONT AND THEIR ADMINISTRATION OF HISTORIC ZONING CRS ALSO COMPLETED A NATIONAL REGISTER PRELIMINARY QUESTIONNAIRE FOR ROUNDWOOD MANOR, THE VAN SWERINGEN ESTATE IN HUNTING VALLEY, AND TESTIFIED ON BEHALF OF A ZONING CHANGE REQUESTED BY THE OWNER WE GAVE TECHNICAL ASSISTANCE TO 25 SACRED LANDMARKS AND COMPLETED COMPREHENSIVE BUILDING ASSESSMENTS OF THREE SIGNIFICANT SACRED LANDMARKS

Form 990, Part III, Line 4c:

REAL ESTATE INTERVENTION - USING AGGRESSIVE LEGAL ACTION AND STRATEGIC REAL ESTATE INVESTMENT TO HAVE POSITIVE IMPACTS IN NEIGHBORHOODS THIS INCLUDES DIRECTLY INVESTING AND ADVOCATING IN ENDANGERED AND POTENTIALLY CATALYTIC PROPERTIES IN 2017, CRS CONTINUED ITS TASK FORCE INTERVENTION ON BEHALF OF THE ENDANGERED 1898 HOME OF ARCHITECT LEVI SCOFIELD IN CLEVELAND THIS PROPERTY, A SIGNIFICANT PIECE OF CLEVELAND HISTORY, HAS BEEN VACANT FOR OVER TWENTY YEARS CRS HAS BEEN UTILIZING DONATED SERVICES AND IS COLLABORATING WITH MULTIPLE PARTNERS TO SAVE THE MANSION ANOTHER CRS TASK FORCE WAS ACTIVE IN 2017 TO SAVE LONGFELLOW SCHOOL IN CLEVELAND'S NORTH COLLINWOOD NEIGHBORHOOD THE TASK FORCE IS WORKING WITH PROJECT PARTNERS TO DEVELOP A REQUEST FOR PROPOSAL TO POTENTIAL DEVELOPERS AND TO MARKET THE BUILDING FOR FUTURE DEVELOPMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAD ARFONS TRUSTEE	1 10	X						0	0	0
RENEE BEAVER TRUSTEE	1 20	X						0	0	0
MICHAEL CHESLER TRUSTEE	0 50	X						0	0	0
STEVEN C COON TRUSTEE	0 50	X						0	0	0
SUSAN T DELANEY TRUSTEE	0 50	X						0	0	0
JOSEPH F DENK JR TRUSTEE	0 50	X						0	0	0
THOMAS EINHOUSE TRUSTEE	0 60	X						0	0	0
GREG FROST TRUSTEE	1 10	X						0	0	0
DALE K HILTON TRUSTEE	1 10	X						0	0	0
DENISE C HUCK TRUSTEE	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNE GOLDMAN TRUSTEE	0 90	X						0	0	0
JOSEPH A MARINUCCI TRUSTEE	0 90	X						0	0	0
WAYNE MORTENSEN TRUSTEE	0 10 0 50	X						0	0	0
ELIZABETH CORBIN MURPHY TRUSTEE	0 50	X						0	0	0
GORDON M PRIEMER TRUSTEE	0 50	X						0	0	0
ROSEMARY REYMANN TRUSTEE	1 20	X						0	0	0
STEPHANIE RYBERG-WEBSTER TRUSTEE	0 50	X						0	0	0
WILLIAM SALTZMAN TRUSTEE	0 80	X						0	0	0
JONATHAN SANDVICK TRUSTEE	0 50	X						0	0	0
BRIAN STARK TRUSTEE	0 80	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT A WEEKS TRUSTEE	1 20	X						0	0	0
GAY CULL ADDICOTT LIFE TRUSTEE	0 50	X						0	0	0
VIRGINA O BENSON LIFE TRUSTEE	0 20	X						0	0	0
JAN M DEVEREAUX LIFE TRUSTEE	1 10	X						0	0	0
PATRICIA S ELDREDGE LIFE TRUSTEE	0 20	X						0	0	0
LILLIAN EMMONS LIFE TRUSTEE	0 20	X						0	0	0
MARJORIE KITCHELL LIFE TRUSTEE	0 50	X						0	0	0
BRACY E LEWIS LIFE TRUSTEE	0 20	X						0	0	0
TED SANDE AIA LIFE TRUSTEE	0 90	X						0	0	0
KATHLEEN H CROWTHER PRESIDENT	38 00 2 00			X				122,715	6,459	22,567

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND RESTORATION SOCIETY INC

Employer identification number

23-7218767

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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)**.
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 9 An agricultural research organization described in **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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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 _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	676,410	263,885	461,644	522,185	633,015	2,557,139
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	297,120	153,383	27,030	84,424	13,891	575,848
3 Gross receipts from activities that are not an unrelated trade or business under section 513					53,279	53,279
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	973,530	417,268	488,674	606,609	700,185	3,186,266
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						3,186,266

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	973,530	417,268	488,674	606,609	700,185	3,186,266
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116,711	121	31,306	79,488	75,663	303,289
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	116,711	121	31,306	79,488	75,663	303,289
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,090,241	417,389	519,980	686,097	775,848	3,489,555

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	91.310 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	92.850 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	9.000 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	7.000 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 .		
	6		
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).		
	7		
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).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
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 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 and 2, Part IV, Section C, 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 B, line 1e, 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 additional information. (See instructions.)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2017
Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CLEVELAND RESTORATION SOCIETY INC	Employer identification number 23-7218767
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		1
e Publications, or published or broadcast statements?	Yes		68
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		1
j Total Add lines 1c through 1i			71
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	CRS ROUTINELY PARTICIPATES IN NATIONAL HISTORIC PRESERVATION ADVOCACY WEEK IN WASHINGTON D C TO DISCUSS HISTORIC PRESERVATION LEGISLATION WITH LOCAL REPRESENTATIVES BUT DID NOT DO SO IN 2017 PERIODICALLY, IT ALSO RESPONDS TO E-MAIL REQUESTS FROM THE NATIONAL TRUST AND HERITAGE OHIO ON EMERGENCY LEGISLATION MATTERS CRS ROUTINELY ATTENDS CITY OF CLEVELAND LANDMARK COMMISSION MEETINGS AND ADVOCATES FOR THE DESIGNATION OF SPECIFIC PROPERTIES AS LANDMARKS CRS HAS MET WITH ELECTED REPRESENTATIVES AND/OR THIER STAFF, ADVOCATING THE RETENTION OF REHABILITATION TAX CREDITS FOR HISTORIC STRUCTURES AND HAS ADVOCATED FOR SUCH RETENTION IN ITS PRINTED AND ELECTRONIC PUBLICATIONS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CLEVELAND RESTORATION SOCIETY INC

Employer identification number
23-7218767

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II 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 apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	4
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	1
d Number of conservation easements included in (c) acquired after 8/17/06, 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 organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____ 15 00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____ 400

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
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 in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,373,531	1,132,825	1,386,267	1,406,222	1,325,786
b Contributions		147,768	50,000		
c Net investment earnings, gains, and losses	199,167	108,829	-8,860	85,008	147,632
d Grants or scholarships					
e Other expenditures for facilities and programs	154,024	15,891	294,582	24,177	116,524
f Administrative expenses					
g End of year balance	1,418,674	1,373,531	1,132,825	1,386,267	1,406,222

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 55 540 %
 - b** Permanent endowment ▶ 44 460 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,742,674	1,524,261	218,413
c Leasehold improvements				
d Equipment		44,121	32,242	11,879
e Other		59,853	57,833	2,020
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				232,312

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	907,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	164,579
b	Donated services and use of facilities	2b	24,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	188,579
3	Subtract line 2e from line 1	3	719,049
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	719,049

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	851,202
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	24,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	24,000
3	Subtract line 2e from line 1	3	827,202
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	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	827,202

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7218767

Name: CLEVELAND RESTORATION SOCIETY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 1, PART II, LINE 9	CRS DID NOT HAVE REVENUE OR EXPENSE RELATED TO CONSERVATION EASEMENTS DURING 2017 OR 2016 IT'S ONLY CONSERVATION EASEMENT WAS ESTABLISHED IN 2007 AND THE AMOUNT PAID FOR THE MONITORING AND PROTECTION OF THE EASEMENT, 1,710 IS REFLECTED ON THE BALANCE SHEET IN A RESTRICTED CASH ACCOUNT (1) 1333 EAST BOULEVARD IS A SIX SUITE APARTMENT BUILDING IN THE EAST BLVD HISTORIC DISTRICT IN CLEVELAND THE ORGANIZATION HAS A CONSERVATION EASEMENT ON IT (2) 7095 BROADVIEW RD , SEVEN HILLS IS AN 1835 STONE HOUSE WITH A LATER FRAME ADDITION THE ORGANIZATION HAS PROTECTIVE COVENANT ON THIS PROPERTY CRS HAS DEED RESTRICTIONS ON THE USE OF THE PROPERTY AT 19027 CHAGRIN BLVD , SHAKER HEIGHTS, OH AND AT 2834 COURTLAND BLVD , SHAKER HEIGHTS, OH

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	<p>THE PERMANENTLY RESTRICTED FUNDS CONSIST OF THE GENERAL ENDOWMENT, THE REVOLVING FUND AND THE SARAH BENEDICT HOUSE ENDOWMENT THE GENERAL ENDOWMENT WAS ESTABLISHED IN 1996 WITH A 100,000 GIFT FROM THE F J O'NEILL CHARITABLE CORPORATION THIS GIFT AND OTHER CONTRIBUTIONS ARE REQUIRED TO BE INVESTED IN PERPETUITY ALSO INCLUDED IN THE GENERAL ENDOWMENT FUND IS A 50,000 GIFT FROM THE ESTATE OF ROBERT CULL AND A 25,000 GIFT FROM ROBERT C GAEDE, THE LATTER GIFT BEING FOR THE PURPOSE OF AWARDED AN ANNUAL LIFETIME ACHIEVEMENT AWARD THE FUND BALANCE (292,780) CONSISTS OF THE FOREGOING 175,000 PRINCIPAL BALANCE AND 117,780 OF ACCUMULATED EARNINGS THE SARAH BENEDICT ENDOWMENT IS A DONOR RESTRICTED ENDOWMENT FUND THE PROCEEDS OF THE FUND ARE RESTRICTED TO THE OPERATION AND MAINTENANCE OF THE SARAH BENEDICT HOUSE INCLUDED IN THE FUND IS A 70,000 GIFT FROM THE F J O'NEILL CHARITABLE CORPORATION, AMONG OTHER GIFTS FROM FOUNDATIONS, CORPORATIONS AND INDIVIDUALS THE FUND BALANCE AS OF DECEMBER 31, 2017 IS 286,776 THE REVOLVING FUND WAS ESTABLISHED IN 2015 WITH A 50,000 GRANT IN 2016, THE FUND WAS INCREASED BY A GRANT OF 25,000 THE GRANT FUNDS ARE TO BE USED AS WORKING CAPITAL TO ACQUIRE OPTIONS OR OWNERSHIP INTERESTS IN REAL PROPERTY AND/OR TO REHAB SUCH REAL PROPERTY AFTER THE REAL ESTATE IS RENOVATED AND/OR SOLD, THE FUND IS INTENDED TO BE REIMBURSED FOR THE LESSER OF ITS INVESTMENT IN THE PROPERTY OR ITS SHARE OF THE PROCEEDS AND BE AVAILABLE FOR THE NEXT PROJECT THE FUND BALANCE INVESTED IN SECURITIES AS OF DECEMBER 31, 2017 IS 51,145 ADDITIONAL, 23,095 IS HELD IN THE FORM OF MONEY MARKET FUNDS THE BOARD DESIGNATED FUNDS CONSIST OF UNRESTRICTED CONTRIBUTIONS FROM THE ESTATES OF CRS SUPPORTERS IN THE AMOUNTS OF 435,841 AND 400,000, IN 2007 AND 2011, RESPECTIVELY CRS'S BOARD CHOSE TO ADD A PORTION OF THESE CONTRIBUTIONS TO THE EXISTING INVESTMENT ACCOUNT IN AN ATTEMPT TO FURTHER SECURE THE FINANCIAL STABILITY OF THE ORGANIZATION ALTHOUGH THE INTENTION OF THE BOARD IS TO OBSERVE THE SAME GUIDELINES OF THE ORIGINAL ENDOWMENT AND ONLY WITHDRAW UP TO 5% OF THE FUND EACH YEAR, THE PRINCIPAL CAN BE WITHDRAWN WITH A MAJORITY TWO-THIRDS VOTE OF THE BOARD DURING FISCAL YEARS ENDED DECEMBER 31, 2017 AND 2016, THE CRS BOARD HAS ELECTED TO TRANSFER 19,513 AND 13,379 OF INVESTMENT EARNINGS TO THE OPERATING ACCOUNT THE REMAINING INVESTMENT EARNINGS HAVE BEEN LEFT IN THE FUND THE BALANCE OF THE FUND AS OF DECEMBER 31, 2017 IS 787,973</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	CRS COMPLIES WITH FASB ASC 740- ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FASB ASC 740 D ETAILS HOW COMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE UNCERTAIN TAX POSITIO NS THAT HAVE BEEN OR ARE EXPECTED TO BE TAKEN AS SUCH, THE FINANCIAL STATEMENTS WOULD REF LECT EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTH ORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS, IF THEY EXISTED THE MANAG EMENT OF CRS BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS THE ORGANIZATION'S TAX YE ARS THAT REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE ARE 2014 AND FORWAR D

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CLEVELAND RESTORATION SOCIETY INC

Employer identification number

23-7218767

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		COMMUNITY LUNCH (event type)	CRS BENEFIT (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	62,555	60,385	35,565	158,505
2	Less Contributions	28,800	55,075	21,800	105,675
3	Gross income (line 1 minus line 2)	33,755	5,310	13,765	52,830
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		3,510	4,002	7,512
	7 Food and beverages	6,651	15,281	7,410	29,342
	8 Entertainment		1,050		1,050
	9 Other direct expenses	8,092	4,848	5,955	18,895
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				56,799
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-3,969	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CLEVELAND RESTORATION SOCIETY INC

Employer identification number
23-7218767

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b		No		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1B	THE EXPENSES ARE APPROVED BY THE CHAIRMAN OF THE BOARD ON AN ITEM BY ITEM BASIS
SCHEDULE J, PAGE 1, PART I, LINE 6A	CRS PAYS KATHLEEN CROWTHER A BONUS BASED IN PART UPON THE NET EARNINGS OF CRS
SCHEDULE J, PART III	THE BOARD OF DIRECTORS USE VARIOUS METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CFO SALARIES INCLUDING BUT NOT LIMITED TO REVEIING OTHER ORGANIZATIONS FORM 990, A WRITTEN CONTRACT AND CONSIDERATION OF THE ORGANIZATIONS'S LIMITED FINANCES THE COMPENSATION COMMITTEE RECOMMENDS THE SALARY WHICH IS THEN APPROVED BY THE BOARD

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND RESTORATION SOCIETY INC

Employer identification number

23-7218767

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>CLEVELAND RESTORATION SOCIETY, INC (CRS), USES THE POWERFUL TOOL OF HISTORIC PRESERVATION TO REVITALIZE OUR DIVERSE COMMUNITIES, STRENGTHEN THE REGIONAL ECONOMY, AND ENHANCE THE QUALITY OF LIFE IN NORTHEASTERN OHIO CRS'S VISION OUR DREAM FOR OURSELVES AND OUR CHILDREN IS THAT NORTHEASTERN OHIO RECLAIMS ITS VITALITY AND PROSPERITY AND ADDS TO ITS BEAUTY THROUGH THE PRESERVATION OF ITS REMARKABLE ARCHITECTURAL HERITAGE STRATEGIES THROUGH PRODUCTIVE PARTNERSHIPS AND CREATIVE ALLIANCES WITH COMMUNITY LEADERS, AND WITH ATTENTION TO THE CREATION OF ECONOMICALLY VIABLE SOLUTIONS, WE FOCUS ON 1) CREATING VIBRANT, HIGH-VALUE NEIGHBORHOODS IN KEY HISTORIC AREAS, 2) ENCOURAGING THE PRESERVATION OF CLEVELAND'S GREATEST LANDMARKS, 3) ADVOCATING FOR PRESERVATION-FRIENDLY PUBLIC POLICIES, AND 4) CELEBRATING AND COMMUNICATING THE POSITIVE ROLE OF PRESERVATION CRS HAS FOUR CORE PROGRAMS - ADVOCACY & PUBLIC POLICY, PUBLIC EDUCATION & EVENTS, PRESERVATION SERVICES, AND REAL ESTATE INTERVENTION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS ARE TRUSTEES, COMMUNITY ADVISORS, EVENT ASSISTANTS AND OFFICE WORKERS BOARD MEMBERS AND VOLUNTEERS PROVIDE FREE ARCHITECTURAL AND ENGINEERING SERVICES THESE DONATED SERVICES INCLUDE SURVEYING HISTORIC BUILDINGS, RESEARCHING POTENTIAL PROJECTS, AND PROVIDING ASSISTANCE WITH OTHER PRESERVATION-RELATED MATTERS THE ARCHITECTURAL AND ENGINEERING SERVICES ARE RECORDED AS DONATED SERVICES AND CONTRACT SERVICES IN THE AMOUNT OF 24,000 AND 52,000 FOR YEARS ENDED DECEMBER 31, 2017 AND 2016, RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	OFFICIALS AND RESIDENTS OF SHAKER HEIGHTS' SOUTH MORELAND NEIGHBORHOOD, BY CREATING AN ARCHITECTURAL STYLE GUIDE FOR THE NEIGHBORHOOD, HELPING TO CREATE A SURVEY APP, AND CONDUCTING TRAINING FOR RESIDENTS TO COMPLETE AN ARCHITECTURAL SURVEY OF THEIR NEIGHBORHOOD WE WORKED WITH THE CLEVELAND DEPARTMENT OF BUILDING & HOUSING TO SURVEY 67 PROPERTIES SLATED FOR DEMOLITION, AND PROVIDED CONSULTATION TO THE CITY OF HUDSON ASSISTANCE INVOLVING A HISTORIC STOREFRONT AND THEIR ADMINISTRATION OF HISTORIC ZONING CRS ALSO COMPLETED A NATIONAL REGISTER PRELIMINARY QUESTIONNAIRE FOR ROUNDWOOD MANOR, THE VAN SWERINGEN ESTATE IN HUNTING VALLEY, AND TESTIFIED ON BEHALF OF A ZONING CHANGE REQUESTED BY THE OWNER WE GAVE TECHNICAL ASSISTANCE TO 25 SACRED LANDMARKS AND COMPLETED COMPREHENSIVE BUILDING ASSESSMENTS OF THREE SIGNIFICANT SACRED LANDMARKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	BUILDING FOR FUTURE DEVELOPMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ADVOCACY & PUBLIC POLICY - ENCOURAGING ACTIVITIES AND POLICIES THAT LEVEL THE PLAYING FIELD FOR PRESERVATION AND REHABILITATION CRS PARTICIPATES IN CLEVELAND LANDMARKS COMMISSION, PLANNING COMMISSION, AND DESIGN REVIEW MEETINGS AS THE VOICE FOR ENDANGERED BUILDINGS, PROTECTS HISTORIC TAX CREDITS, AND IS A THOUGHT LEADER FOR AMERICA'S LEGACY CITIES SARAH BENEDICT HOUSE - THE SOCIETY AND ITS STAFF ARE HEADQUARTERED AT THIS HISTORIC HOUSE, WHICH IS LOCATED IN THE UPPER PROSPECT HISTORIC DISTRICT IN DOWNTOWN CLEVELAND, OHIO CRS IS A MEMBER OF THE NATIONAL TRUST PARTNERS NETWORK CRS WAS INVOLVED IN SEVERAL SIGNIFICANT PROJECTS IN 2017, INCLUDING THE DALL HOUSES ON EAST 46TH STREET IN CLEVELAND, THE LUTHER MOSES HOUSE ON LEXINGTON AVENUE IN CLEVELAND, ROUNDWOOD MANOR IN DAISY HILL, AND 18520 WINSLOW ROAD IN THE WINSLOW ROAD HISTORIC DISTRICT IN SHAKER HEIGHTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	GORDON M PRIEMER J GORDON PRIEMER FATHER AND SON STEPHANIE RYBERG-WEBSTER KATHLEEN H CR OWTHER EMPLOYMENT-TEACH CLASSES / CSU STEPHANIE RYBERG-WEBSTER GREG FROST EMPLOYMENT-TEACH CLASSES/CSU STEPHANIE RYBERG-WEBSTER JOSEPH MARINUCCI LEVIN COLLEGE VISITING COM ROBERT WEEKS GORDON M PRIEMER BUSINESS ENGAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	ANY INDIVIDUAL INTERESTED IN HELPING THE ORGANIZATION ACHIEVE ITS MISSION IS WELCOME TO JOIN THE CLEVELAND RESTORATION SOCIETY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS ELECT THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 8B	THE CLEVELAND RESTORATION SOCIETY DOES NOT HAVE MINUTES FOR MEETINGS OF ITS EXECUTIVE COMMITTEE WHICH HAS POWER TO ACT BETWEEN MEETINGS OF THE TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 9	<p>ANTHONY W HITI, AIA 1939 WEST 25TH STREET CLEVELAND, OH 44113 MICHAEL CUMMINS 101 PROSPECT AVENUE NORTH WEST CLEVELAND, OH 44115 HANNAH FRITZMAN BELSITO 334 EUCLID AVENUE CLEVELAND, OH 44113 DOUG R HOFFMAN 1801 EAST NINTH STREET CLEVELAND, OH 44114 SCOTT C HOLBROOK 3200 PNC CENTER CLEVELAND, OH 44114 DANA NOEL 2190 PROFESSOR AVENUE CLEVELAND, OH 44113 J GORDON PRIEMER 2800 EUCLID AVENUE SUITE 515 CLEVELAND, OH 44115 WILLIAM J HUBBARD 3900 KEY CENTER CLEVELAND, OH 44114 MARK E PETTIGREW 5416 VALLEY PARKWAY BRECKSVILLE, OH 44141 CHAD ARFONS 600 SUPERIOR AVENUE, E SUITE 2100 CLEVELAND, OH 44114 RENEE BEAVER 1100 SUPERIOR AVENUE EAST CLEVELAND, OH 44113 MICHAEL CHESLER 9639 KINSMAN ROAD MATERIALS PARK, OH 44073 STEVEN C COON 7349 RAVENNA AVENUE NE LOUISVILLE, OH 44641 SUSAN T DELANEY 2603 EDGERTON ROAD UNIVERSITY HEIGHTS, OH 44118 JOSEPH F DENK, JR 503 E 200 ST CLEVELAND, OH 44119 THOMAS EINHOUSE 1501 EUCLID AVENUE CLEVELAND, OH 44115 GREG FROST 17727 SOUTH MILE ROAD CLEVELAND, OH 44128 DALE K HILTON 27131 EDGECLIFF DRIVE EUCLID, OH 44132 DENISE C HUCK 1200 W 6TH STREET, SUITE 801 CLEVELAND, OH 44113 JOSEPH A MARINUCCI 1010 EUCLID AVENUE, 3RD FLOOR CLEVELAND, OH 44115 GORDON M PRIEMER 2800 EUCLID AVENUE, SUITE 640 CLEVELAND, OH 44115 ROSEMARY REYMANN 33 CORSON AVENUE AKRON, OH 44303 STEPHANIE RYBERG-WEBSTER 3286 ARDMORE ROAD SHAKER HEIGHTS, OH 44120 WILLIAM SALTZMAN 1350 EUCLID AVENUE, STE 300 CLEVELAND, OH 44115 JONATHAN SANDVICK 1265 WEST 6TH STREET CLEVELAND, OH 44113 BRIAN STARK 17000 ST CLAIR AVENUE CLEVELAND, OH 44110 ROBERT A WEEKS 168 MANCHESTER DR AURORA, OH 44202 GAY CULL ADDICOTT 2023 LYNDDWAY DRIVE LYNDDHURST, OH 44121 VIRGINIA O BENSON P O BOX 470 HUDSON, OH 44236-0470 JAN M DEVEREAUX 2886 LITCHFIELD SHAKER HEIGHTS, OH 44120 PATRICIA S ELDRIDGE 17 LAUREL LAKE ROAD HUDSON, OH 44236 LILLIAN EMMONS 16800 SOUTH WOODLAND ROAD SHAKER HEIGHTS, OH 44120 MARJORIE KITCHELL 2542 STRATFORD ROAD CLEVELAND HEIGHTS, OH 44118 BRACY E LEWIS 13855 SUPERIOR ROAD, 1903 CLEVELAND, OH 44118 TED SANDE, AIA 13415 SHAKER BOULEVARD CLEVELAND, OH 44120</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FEDERAL FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AT THE FIRST BOARD MEETING OF THE YEAR EACH BOARD MEMBER IS ASKED TO READ THE CONFLICT OF INTEREST POLICY AND SUBMIT ANY POTENTIAL CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	BASED ON INDUSTRY STANDARD AND COMPENSATION SUBCOMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	BOARD USES VARIOUS SOURCES TO DETERMINE SALARIES INCLUDING OTHER ORGANIZATION'S 990 AND THE FINANCIAL LIMITATIONS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104 (D) OF THE IRC AND THE REGULATIONS THEREU NDER, COPIES OF THE ORGANIZATION'S FEDERAL FORM 990 AND GOVERNING DOCUMENTS SHALL BE MADE AVAILABLE UPON REQUEST, IN A TIMELY MANNER AND SUBJECT TO THE CHARGES PERMITTED BY LAW TO ANY INDIVIDUAL WHO REQUEST THEM

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND RESTORATION SOCIETY INC

Employer identification number

23-7218767

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)HERITAGE HOME EDUCATION SOCIETY 3751 PROSPECT AVENUE CLEVELAND, OH 44115 45-5078402	SEE SCH	OH	501C3	7	CRS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HERITAGE HOME EDUCATIONAL SOCIETY	C	30,000	CASH
(2)HERITAGE HOME EDUCATIONAL SOCIETY	O	223,700	CASH
(3)HERITAGE HOME EDUCATIONAL SOCIETY	E	181,466	CASH
(4)HERITAGE HOME EDUCATIONAL SOCIETY	Q	106,906	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	HELPING THE OWNERS OF HOUSES THAT ARE MORE THAN 50 YEARS OLD

Schedule Form 990 2012