DLN: 93493311014919 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization CLEVELAND RESTORATION SOCIETY INC D Employer identification number B Check if applicable ☐ Address change 23-7218767 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 3751 PROSPECT AVENUE \square Amended return ☐ Application pending (216) 426-1000 City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH $\,$ 44115 $\,$ **G** Gross receipts \$ 745,917 Name and address of principal officer H(a) Is this a group return for KATHLEEN H CROWTHER ☐Yes **☑**No subordinates? 3751 PROSPECT AVENUE **H(b)** Are all subordinates CLEVELAND, OH 44115 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) Website: ► CLEVELANDRESTORATION ORG **H(c)** Group exemption number ▶ M State of legal domicile **K** Form of organization lacksquare Corporation lacksquare Trust lacksquare Association lacksquare Other lacksquarePart I Summary 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) Activities & Governance 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 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 38 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 20 50 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 633,015 616,101 9 Program service revenue (Part VIII, line 2g) . 13,420 18,864 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 34,488 37,183 24,540 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 38,126 719,049 696.688 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 522,875 583,522 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶145,395 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 304,327 301.650 827,202 885,172 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **19** Revenue less expenses Subtract line 18 from line 12 -108,153 -188,484 d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . . 2,070,151 1,811,071 **21** Total liabilities (Part X, line 26) 202,886 221,893 22 Net assets or fund balances Subtract line 21 from line 20 . 1,867,265 1,589,178 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 2019-10-21 Signature of officer Sign Here KATHLEEN H CROWTHER PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check \square if 2019-10-21 P00561921 self-employed Firm's name

KOESTER DISALVO AND FRIED Firm's EIN > 34-1510689 **Preparer** Use Only Firm's address ► 5587 TURNEY ROAD Phone no (216) 475-7844 GARFIELD HTS, OH 44125 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)					Page 2
Pa	t III Statement o	of Program Servic	e Accomplish	ments		_
	Check if Sched	ule O contains a respo	nse or note to a	ny line in this Part III .		🗹
1	Briefly describe the or	ganızatıon's mıssıon				
COMI DREA THRO CREA ON GREA POSI	MUNITIES, STRENGTHE M FOR OURSELVES AN DUGH THE PRESERVATI TIVE ALLIANCES WITH L) CREATING VIBRANT, TEST LANDMARKS, 3)	N THE REGIONAL ECO D OUR CHILDREN IS T DN OF ITS REMARKAB COMMUNITY LEADERS HIGH-VALUE NEIGHB ADVOCATING FOR PRE 'ATION CRS HAS FOU	NOMY, AND ENF HAT NORTHEAS LE ARCHITECTU 5, AND WITH AT ORHOODS IN KE ESERVATION-FR R CORE PROGRA	IANCE THE QUALITY OF TERN OHIO RECLAIMS I RAL HERITAGE STRATI TENTION TO THE CREAT IY HISTORIC AREAS, 2) IENDLY PUBLIC POLICIE	IC PRESERVATION TO REVITALI LIFE IN NORTHEASTERN OHIO TS VITALITY AND PROSPERITY GIES THROUGH PRODUCTIVE F TON OF ECONOMICALLY VIABLE ENCOURAGING THE PRESERVA S, AND 4) CELEBRATING AND OLIC POLICY, PUBLIC EDUCATION	CRS'S VISION OUR AND ADDS TO ITS BEAUTY PARTNERSHIPS AND E SOLUTIONS, WE FOCUS TION OF CLEVELAND'S COMMUNICATING THE
2	Did the organization u	ndertake any significa	nt program serv	ices during the year whi	ch were not listed on	
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe thes	e new services on Sch	edule O			
3	Did the organization c	ease conducting, or m	ake significant c	hanges in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe thes	e changes on Schedule	e O			
4		501(c)(4) organizatio	ns are required	to report the amount of	argest program services, as mea grants and allocations to others	
4a	(Code See Additional Data) (Expenses \$	241,952	including grants of \$) (Revenue \$)
4b	(Code See Additional Data) (Expenses \$	46,698	including grants of \$) (Revenue \$)
4c	(Code See Additional Data) (Expenses \$	30,896	ıncluding grants of \$) (Revenue \$)
	(Code) (Expenses \$	190,897	including grants of \$) (Revenue \$	18,864)
	ADVOCACY & PUBLIC POL PARTICIPATES IN CLEVEL BUILDINGS, PROTECTS H STAFF ARE HEADQUARTE CRS IS A MEMBER OF THI	ICY - ENCOURAGING ACT AND LANDMARKS COMMI ISTORIC TAX CREDITS, A RED AT THIS HISTORIC H E NATIONAL TRUST PARTN	TVITIES AND POLICESSION, PLANNING UND IS A THOUGHT OUSE, WHICH IS LEVERS NETWORK C	CIES THAT LEVEL THE PLAY! COMMISSION, AND DESIGN 'LEADER FOR AMERICA'S LE OCATED IN THE UPPER PRO RS WAS INVOLVED IN SEVE	ING FIELD FOR PRESERVATION AND NEVIEW MEETINGS AS THE VOICE IS GACY CITIES SARAH BENEDICT HO ISPECT HISTORIC DISTRICT IN DOW RAL SIGNIFICANT PROJECTS IN 2011 ENUE IN CLEVELAND AND ROUNDWO	REHABILITATION CRS FOR ENDANGERED USE - THE SOCIETY AND ITS NTOWN CLEVELAND, OHIO B, INCLUDING THE DALL
	044	es (Describe in Schedu	le O)			
4d	Other program service	3 (Describe in Schedu	,			
4d	(Expenses \$	`	uding grants of \$	3) (Revenue \$	18,864)

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Par	tlV 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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
	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? If "Yes," complete Schedule C, Part II 2	4	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? If "Yes," complete Schedule C, Part III 2	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

22

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? If "Yes," complete Schedule I, Parts I and II

No

20b

21

22

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	20a		NO
	Part IV	28b		No
С	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>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 111			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			I

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

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a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

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

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines ✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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?	2	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9	Yes	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	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?	16a		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		110
ט	In 1915, 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?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			

Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 18 ☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation amount of other compensation week (list is both an officer and a from the from related compensation director/trustee) organization (Worganizations (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and 우声 글 물 후 밤을 공 organizations related

	below dotted line)	dividual trustee director	rstitutional Trustee	ficer	y employee	ghest compensated inployee	y mer		organizations
See Additional Data Table									

1b Sub-Total				>		
c Total from continuation sheets to Pa	art VII , Section	Α		▶		
d Total (add lines 1b and 1c)				▶□	214,321	28,70

d·	Total (add lines 1b and 1c)	28,707		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee line 1a? If "Yes," complete Schedule J for such individual	e on	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

_	of reportable compensation from the organization > 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors	,		

	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		N.
		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensat	ion

	ındıvıdual	4	.	No			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individ services rendered to the organization? If "Yes," complete Schedule J for such person			No			
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address Descripti	(B) on of services	Comper	•			

				NO
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	f compens	ation	
	(A) (B) Name and business address Description of servi	ces	(C Comper	

	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization •	eceived more than \$100,000 of	

Form **990** (2018)

Part	VIII	Statement of	Revenue								
		Check if Schedul	e O contains a	resp	onse or note to any						
							(A) revenue		(B) lated or	(C) Unrelated	(D) Revenue
									xempt inction	business revenue	excluded from tax under sections
	T4 .	- Endowstad assessed						re	evenue		512 - 514
ats at		Federated campaign		1a	1 21 020						
rar		b Membership dues		1b	21,038						
s, G Am		c Fundraising eventsd Related organizatio		1c	91,430						
Sife lar		e Government grants (co		1d	266,958						
im:		f All other contributions,		1e	1 200,938						
tior r S		and similar amounts no above		1f	236,675						
Contributions, Gifts, Grants and Other Similar Amounts	١,	g Noncash contribution	ns included								
on the		ın lınes 1a - 1f \$									
<u>ರ ಕ</u>		h Total. Add lines 1a	·1f	•	· · · •		616,101				
<u>a.</u>					Busines	s Code		12.526	4.5	F26	
Ven		PROPERTY MANAGEMEN	T			531310		5,338		,338	
3≟	b	MISELLANEOUS				900004		3,336		,336	
WC6	c			_							
₹.	d										
ranı	e										
Program Service Revenue		All other program se				18,864		•		•	<u> </u>
		Total. Add lines 2a-2			<u> </u>	_		1		ı	
	3	Investment income (ii similar amounts) •	ncluding divid	ends, •		•	37,18	3			37,183
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds	•					
	5	Royalties				<u> </u>					
	e-	Gross rents	(ı) Real		(II) Personal	_					
	oa	Gross rents		37,886	,						
	Ŀ	Less rental expenses				7					
		Rental income or		37,886	i	\dashv					
		(loss)				Ц					
	d Net rental income or (loss)						37,88	6			37,886
	7 a	Gross amount	(i) Securit	ies	(II) Other	-					
	, ,	from sales of assets other									
		than inventory									
	Ŀ	Less cost or other basis and									
		sales expenses Gain or (loss)				4					
		Net gain or (loss)			<u> </u>	-					
	8 a	Gross income from f									
ne		(not including \$ contributions reporte	91,430 d on line 1c)	of							
Other Revenue		See Part IV, line 18		а	35,883	3					
Re		Less direct expense		b		€	10.04				10.046
her		: Net income or (loss)			rents •	_	-13,34	D .			-13,346
ŏ	3 a	Gross income from g See Part IV, line 19	· · ·	C 5							
				a							
		Less direct expense: Net income or (loss)		b	105						
		Gross sales of invent		activit		7					
		returns and allowand		_]						
	ŀ	Less cost of goods s	old	a b		-					
		Net income or (loss)									
		Miscellaneous			Business Code						
	11	.a									
	b	·									
	C										
		All other revenue .									
		Total. Add lines 11a			<u> </u>						
		Total revenue. See			,						
		- rotarre venue. 566	THE UCHORS	• •	•		696,68	8	18,864		61,723 Form 990 (2018)

Part IX	Statement of Functional Expenses
	() () () () () () ()

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	lete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		5.Apon.000	general enpeneer	
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	212,321	82,883	76,199	53,239
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	263,584	154,419	61,903	47,262
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,734	8,116	4,179	3,439
9 Other employee benefits	54,885	28,308	14,581	11,996
10 Payroll taxes	36,998	19,081	9,831	8,086
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,496		7,496	
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)				
12 Advertising and promotion	2,098	85	2,013	
13 Office expenses	49,513	24,999	16,327	8,187
14 Information technology				
15 Royalties				
16 Occupancy	44,504	37,210	4,003	3,291
17 Travel	28,704	15,434	6,729	6,541
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	26,255	9,881	16,374	
20 Interest	15	15		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,852	82,647	6,205	
23 Insurance	10,529	5,431	2,797	2,301
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)	,	,	,	<u> </u>
a PROGRAM EXPENSES	22,094	22,085	9	
b BAD DEBTS	18,644	18,644		
c MISCELLANEOUS	1,959	218	688	1,053
d FACADE	987	987		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	885,172	510,443	229,334	145,395
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Liabilities

Assets or Fund Balances

Net

23

24

26

27

28

29

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31

32

33

34

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	113,852	1	138,818
2	Savings and temporary cash investments	86,351	2	67,061
3	Pledges and grants receivable, net	195,841	3	149,021
4	Accounts receivable, net	8,975	4	
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 $501(c)(9)$			

	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the contribution of the contribu	n 4958i ations o (see ins	(c)(3)(B), and f section 501(c)(9) structions) Complete		6	
Assets	7	Notes and loans receivable, net	• •			7	100,000
SS	8	Inventories for sale or use				8	
٩	9	Prepaid expenses and deferred charges		14,146	9	6,281	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,840,604			
	b	Less accumulated depreciation	10b	1,693,369	232,312	10c	147,235
	11	Investments—publicly traded securities .			1,418,674	11	1,137,172
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	. 11			13	
	14	Intangible assets				14	

SS	8	Inventories for sale or use		•		8	
4	9	Prepaid expenses and deferred charges	14,146	9	6,281		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,840,604			
	b	Less accumulated depreciation	10b	1,693,369	232,312	10 c	147,235
	11	Investments—publicly traded securities .	1,418,674	11	1,137,172		
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	65,483
	16	Total assets.Add lines 1 through 15 (must equ	ial line i	34)	2,070,151	16	1,811,071
	17	Accounts payable and accrued expenses			198,463	17	221,893
	18	Grants payable				18	
	19	Deferred revenue				19	

9	Prepaid expenses and deferred charges			14,146	9	0,281
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,840,604			
ь	Less accumulated depreciation	10b	1,693,369	232,312	10 c	147,235
11	Investments—publicly traded securities .			1,418,674	11	1,137,172
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line			13		
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	65,483
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,070,151	16	1,811,071
17	Accounts payable and accrued expenses			198,463	17	221,893
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	

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221.893

697.464

276,210

615,504

1,589,178

1,811,071

Form **990** (2018)

4,423

202.886

777.685

435,784

653,796

1,867,265

2,070,151

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities.Add lines 17 through 25 .

Form	990 (2018)				Page 12
Pa	Reconcilliation 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			696,688
2	Total expenses (must equal Part IX, column (A), line 25)	2			885,172
3	Revenue less expenses Subtract line 2 from line 1	3			-188,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,867,265
5	Net unrealized gains (losses) on investments	5			-89,603
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	,589,178
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ngle	3a		No
_					

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 3b

Additional Data

Software ID:

Software Version:

EIN: 23-7218767

Name: CLEVELAND RESTORATION SOCIETY INC.

Form 990 (2018)

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 2018, 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 AFTER SEVERAL YEARS OF RESEARCH AND STUDY, CRS NOMINATED THE MYRTLE-HIGHVIEW HISTORIC DISTRICT TO THE NATIONAL REGISTER OF HISTORIC PLACES TO REFLECT THE NEIGHBORHOOD BEING DEVELOPED BY SEVERAL AFRICAN- AMERICAN DEVELOPERS IN ADDITION, CRS. IN 2018, BEGAN WRITING A BOOK ON THE HISTORY OF THE LEE-HARVARD AND LEE-SEVILLE NEIGHBORHOODS WHICH WILL BE PUBLISHED IN 2019 " 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 125 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 LISTING APPLICATION 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 20 SACRED

LANDMARKS AND COMPLETED COMPREHENSIVE BUILDING ASSESSMENTS OF TWO SIGNIFICANT SACRED LANDMARKS

Form 990, Part III, Line 4c:

HAD HARDLY SCRATCHED THE SURFACE OF THE VIOLATIONS.

INCLUDES DIRECTLY INVESTING AND ADVOCATING IN ENDANGERED AND POTENTIALLY CATALYTIC PROPERTIES IN 2018, 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 FOR A NUMBER OF YEARS, CRS HAS BEEN CONCERNED ABOUT THE DEMOLITION OF MONUMENTAL CLEVELAND PUBLIC SCHOOLS FROM THE EARLY DECADES OF THE TWENTIETH CENTURY WHILE WE HAVE LOBBIED THE CLEVELAND METROPOLITAN SCHOOL DISTRICT TO REUSE THESE BUILDINGS, CLEVELAND'S

REAL ESTATE INTERVENTION - USING AGGRESSIVE LEGAL ACTION AND STRATEGIC REAL ESTATE INVESTMENT TO HAVE POSITIVE IMPACTS IN NEIGHBORHOODS THIS

NOT PROVIDE A MATCH HAVE PREVENTED MANY SCHOOLS FROM BEING REHABBED FOR EDUCATIONAL PURPOSES THE STATE OF OHIO ALSO MANDATES THAT REDUNDANT BUILDINGS BE FIRST OFFERED TO CHARTER SCHOOLS BEFORE GOING ON THE OPEN MARKET-SOMETHING CMSD WOULD PREFER NOT TO DO. THEREFORE. IT IS OFTEN EASIER TO DEMOLISH HISTORIC SCHOOL BUILDINGS AND BUILD A NEW BUILDING ON THE SAME SITE "IN 2016, CRS WAS APPROACHED BY TWO CLEVELAND COUNCILMEN TO REVIEW THE CONDITION OF LONGFELLOW SCHOOL, 650 E 140TH STREET IN SOUTH COLLINWOOD DESIGNED BY CLEVELAND SCHOOLS

SHRINKING AND SHIFTING POPULATION AND LACK OF RESOURCES TO PAY FOR HISTORIC PRESERVATION COSTS FOR WHICH THE STATE FACILITIES COMMISSION WILL

ARCHITECT WALTER MCCORNACK AND CONSTRUCTED IN 1924, LONGFELLOW IS A RARE EXAMPLE OF THE DUTCH RENAISSANCE AND ENGLISH BAROQUE STYLES ITS LAYOUT IS IDEAL FOR AFFORDABLE HOUSING CLEARLY ELIGIBLE FOR THE NATIONAL REGISTER OF HISTORIC PLACES, IN 2016, CRS ASSEMBLED A BLUE-RIBBON TASK FORCE TO ASSESS LONGFELLOW'S POTENTIAL "THE TASK FORCE ASSEMBLED A COMPLETE LIST OF DEVELOPERS AND AN RFO (REQUEST FOR QUALIFICATIONS) IN ORDER TO MAKE THE AVAILABILITY OF THE SCHOOL KNOWN TO A NATIONAL AUDIENCE. DURING 2018, CRS DISTRIBUTED A 20 PAGE REQUEST FOR QUALIFICATIONS TO

THE NATIONWIDE LIST OF POSSIBLE DEVELOPERS FROM THE RESPONDENTS, CRS'S TASK FORCE SELECTED 4 POTENTIAL DEVELOPERS TO SUBMIT PROPOSALS AND IN THE FALL OF 2018. A DEVELOPER WAS SELECTED THE SCHOOL HAS NOW BEEN TRANSFERRED TO THE DEVELOPER AND WE ARE LOOKING FORWARD TO THIS REMARKABLE BUILDING BEING RETURNED TO PRODUCTIVE USE "FINALLY, IN 2018, CRS WAS APPROACHED BY THE CITY OF SHAKER HEIGHTS, TO TAKE POSSESSION OF A TWO-FAMILY HOUSE IN THE WINSLOW ROAD HISTORIC DISTRICT. THE HOUSE HAD BEEN VACANT FOR OVER THREE YEARS AND WAS OWNED BY A TEXAS BANK WHICH

WAS NOT ABLE TO SELL IT THE HOUSE WAS DEEDED OVER TO THE CITY WHICH THEN SOLD IT TO CRS FOR 1 00 ON THE CONDITION THAT CRS CLEAN UP THE HUGE

NUMBER OF POINT OF SALE VIOLATIONS OR SELL THE HOUSE TO A NEW OWNER WHO WOULD BY THE END OF 2018, CRS HAD INVESTED OVER 65,000 IN REPAIRS AND

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

(W- 2/1099-

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(W- 2/1099-

organization and

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
THOMAS A JORGENSEN HONORARY LIF	32 00 8 00	×		х				88,296	22,074	0
ANTHONY W HITI AIA CHAIR	3 70			×				0	0	0
MICHAEL CUMMINS IMMEDIATE PA	2 00	Х		х				0	0	0
HANNAH FRITZMAN BELSITO	1 20	×		×				0	0	0

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MICHAEL CUMMINS
IMMEDIATE PA
HANNAH FRITZMAN BELSITO
VICE CHAIR
DOUG R HOFFMAN

VICE CHAIR

VICE CHAIR

DANA NOEL

VICE CHAIR

SECRETARY

LIFE TRUSTEE

...... VICE CHAIR

JOSEPH F DENK JR

WILLIAM J HUBBARD

MARK E PETTIGREW

SCOTT C HOLBROOK

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
THOMAS BOCCIA TRUSTEE	0 50	×						0	0	0	
MICHAEL CHESLER TRUSTEE	0 50	X						0	0	0	
STEVEN C COON TRUSTEE	0 50							0	0	0	
SUSAN T DELANEY TRUSTEE	0 50							0	0	0	
THOMAS EINHOUSE	0 60						\Box	1	1		

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TRUSTEE
SUSAN T DELANEY
TRUSTEE
THOMAS EINHOUSE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

GREG FROST

ARNE GOLDMAN

DALE K HILTON

DENISE C HUCK

JOSEPH A MARINUCCI

......

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

and a director/trustee)

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organizations

from the

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any hours

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

	1 411, 110413	and a director, trustee,			,	(14, 2,4,000	(14/ 0/4000	eventure and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
WAYNE MORTENSEN TRUSTEE	0 50	х						0	0	0
ELIZABETH CORBIN MURPHY TRUSTEE	0 50	x						0	0	0
GORDON M PRIEMER TRUSTEE	0 50	х						0	0	0
ROSEMARY REYMANN	0 50	x						0	0	0

GORDON M PRIEMER
TRUSTEE
ROSEMARY REYMANN
TRUSTEE
STEPHANIE RYBERG-WEBSTER

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

BRIAN STARK

WILLIAM SALTZMAN

JONATHAN SANDVICK

DAVID M STRINGER

NIRAV VAKHARIA MD

......

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	ally hours	and a director/trustee)				ustee	'	Organization	organizations	mom the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
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	1 10	×						0	0	0	

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6,633

126,025

LIFE TRUSTEE
JAN M DEVEREAUX
LIFE TRUSTEE
PATRICIA S ELDREDGE
LIFE TRUSTEE

LILLIAN EMMONS

MARJORIE KITCHELL

J GORDON PRIEMER

KATHLEEN H CROWTHER

......

LIFE TRUSTEE

LIFE TRUSTEE

BRACY E LEWIS

LIFE TRUSTEE

LIFE TRUSTEE

PRESIDENT

SCI	HED	ULE A		Public	Charity Statu	s and Pul	blic Supp	ort	OMB No 1545-0047
For 90F	m 990 E Z)	0 or	Com	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.					2018
•		f the Treasury		► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
am	e of th	he organiza RESTORATION	tion Society inc					Employer identific	cation number
Da	rt I	Peacon	for Public (harity Stat	us (All organization	s must comple	ote this part \ 9	23-7218767	
					e it is (For lines 1 thro			see mstructions.	
L		A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	П	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperati	ve hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
ŀ		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		_	ation operated (iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
•		A federal, s	tate, or local	government o	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).	
7		section 17	O(b)(1)(A)(vi). (Complete	•		_	init or from the gener	al public described in
3		A communi	ty trust descr	ibed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	II)		
ı					escribed in 170(b)(1) ee instructions Enter				lege or university or
,	✓	from activit	ies related to income and ເ	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its si	upport from gross
					d exclusively to test fo	r public safety	See section 509	(a)(4).	
		more public	ly supported	organizations :	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
1		Type I. A so	supporting org n(s) the powe	janization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
•		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
;					supporting organizatio				ated with, its
l		Type III n	on-functions	ally integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wirequirement and	th its supported orgai	
<u>:</u>		Check this	box if the org	anızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f		r the number	of supported	organizations	integrated supporting	-			
]					upported organization(() Amazunk af	(11) Amount of
	(1)	(described on li 1- 10 above (s		organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)	
_						Yes	No		
+~	1								
ota		work Boduc	tion Act Noti	ce see the T	 nstructions for	I Cat No 1128!	5F •	 Schedule A (Form 9	90 or 990-EZ) 201

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	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)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1) 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, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	-			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	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

performed, or facilities furnished in

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

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)

13 for the year c Add lines 7a and 7b

from line 6)

10a

15

16

20

Section B. Total Support Calendar year

> Amounts from line 6 Gross income from interest,

Add lines 10a and 10b

regularly carried on

Part III

297,592

89,162

2,883,584

2,883,584

2,883,584

261,647

261,647

3,145,231

91 680 %

91 310 %

8 000 %

9 000 %

▶□

▶□

(f) Total

the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 263,885 461,644 522,185 633.015 616,101 2,496,830 membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services

27,030

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

153,383

any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 417,268 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and

3 received from disqualified persons

(a) 2014

417,268

121

121

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

488,674

(b) 2015

488,674

31,306

31,306

b 33 1/3% support tests - 2017. 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

606,609

(c) 2016

606,609

79,488

79,488

686,097

84,424

(d) 2017

700,185

75,663

75,663

775,848

700,185

13,891

53,279

670,848

(e) 2018

670,848

75,069

75,069

745,917

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

18

18,864

35,883

Total support. (Add lines 9, 10c, 417,389 519,980 11, and 12) 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

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 331/3% support tests-2018. 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

Public support percentage from 2017 Schedule A, Part III, line 15

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За 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

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 3с 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 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 4b supervised by or in connection with its supported organizations 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 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 5a amendment to the organizing document)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) 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

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

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)						
	cupper unity or gamma units (community)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash				
u	governing body of a supported organization?						
h	A family member of a person described in (a) above?	11a 11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	ection B. Type I Supporting Organizations	110					
	ection 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? 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	1	\sqcup				
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? 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						
S	ection 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)? 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)	1					
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>			
	ection 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?	j					
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
S	ection 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 instruct	ions)					
	The organization satisfied the Activities Test Complete line 2 below	-					
	b						
	c	ınstru	ctions)				
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? 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	2a					
	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? 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	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash				
	 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? Provide details in Part VI. 	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26					

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID: Software Version:

EIN: 23-7218767

Name: CLEVELAND RESTORATION SOCIETY INC.

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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

Section 527 organizations Complete Part I-A only

Political Campaign and Lobbying Activities

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 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.

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

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493311014919

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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 **Employer identification number** CLEVELAND RESTORATION SOCIETY INC 23-7218767 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 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 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018 Cat No 50084S

Grassroots ceiling amount

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).	d			
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(1	o)
activ	the second secon	Yes	No	Ame	ount
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				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1	
C	Media advertisements?		No	1	
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total Add lines 1c through 1i				
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			1	
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), o	sectio		1
	Mara autotambially all (000) as mara) dues vessured mandedustible by marabays?			Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3				3	
_	Did the organization agree to carry over lobbying and political expenditures from the prior year?				1
1	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part I answered "Yes." Dues, assessments and similar amounts from members				(C)(O)
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).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2с			
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			
	art IV Supplemental Information				
	• • •				
	vide 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), P. tructions), and Part II-B, line 1 Also, complete this part for any additional information	art II-	A, lines 1	and 2 (see
	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 REPRESENATIVES BUT DID NOT DO SO IN 2018 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 THEIR STAFF, ADVOCATING THE RETENTION OF REHABILITATION TAX CREDITS FOR HISTORIC STRUCTURES AND HAS ADVOCATED FOR SUCH RETENTION IN ITS PRINTED AND ELECTRONIC PUBLICATIONS CRS MET WITH MAYORS, INDIVIDUAL COUNCILPERSONS, AND EMPLOYEES OF THE CITY OF CLEVELAND AND THE OTHER 42 CITIES THAT

SCHEDULE D

(Form 990)

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.

DLN: 93493311014919 OMB No 1545-0047

-	rtment of the Treasury		► Attach to Form 990. nov/Form990 for the la	tost information		Open to P	
	nal Revenue Service ime of the organ		lor the la	itest information.		Inspect identification numb	
	EVELAND RESTORATI				Employer	identification fidini	Jei
					23-7218767		
Pa		zations Maintaining Donor Advi te if the organization answered "Ye			or Accounts	·•	
	соттріс	te ii the organization answered Te	(a) Donor advi		(b) Fur	nds and other accour	nts
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		ation inform all donors and donor adviso roperty, subject to the organization's ex		ets held in donor ac	dvised funds a	re the	
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor				ermissible	□ No
Pa	rt III Conser	vation Easements. Complete if the	ne organization answe	red "Yes" on Form	n 990, Part i	IV, line 7.	
1	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that a	pply)			
	☐ Preservation	on of land for public use (e g , recreation	n or education)	Preservation of an	historically in	nportant land area	
	☐ Protection	of natural habitat	✓	Preservation of a	certified histor	ic structure	
	☐ Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation co	entribution in the fo		vation	Vear
а		conservation easements			2a	at the Life of the	4
b	Total acreage re	stricted by conservation easements			2b		
c	-	ervation easements on a certified histori	ıc structure ıncluded ın (a	1)	2c		
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06, and n	ot on a historic	2d		
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguished	d, or terminated by	the organizati	on during the	
4	Number of state	es where property subject to conservation	on easement is located 🕨		1		
5		zation have a written policy regarding that of the conservation easements it hold:		nspection, handling	of violations,	☐ Yes 🗹 I	No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violatio	ns, and enforcing c	onservation ea	asements during the	year
7	Amount of expe ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation easeme	ents during the year	
8	Does each constant section 170	ervation easement reported on line 2(d) i(h)(4)(B)(ii)?) above satisfy the require	ements of section 1	70(h)(4)(B)(ı)	Yes 🗆 I	No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organiza	· ·		•	
Pai		zations Maintaining Collections te if the organization answered "Ye			er Similar	Assets.	
1a	If the organizati art, historical tro	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	L6 (ASC 958), not to repo	ort in its revenue sta ion, or research in f			of
b	If the organizati	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub its relating to these items	L6 (ASC 958), to report in	n its revenue staten			
	_	led on Form 990, Part VIII, line 1			▶ ¢		
					▶ \$		
•	-	in Form 990, Part X	and tunner or attached	mulau aggeta fan firra	· •	avuda tha	
2		ion received or held works of art, histori hts required to be reported under SFAS			inciai gain, pro	ovide the	

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Col	lections of Art, H	istori	ical Tı	eas	ures, or Other	Similar As	sets (d	continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the f	ollowing that are a	a significant u	se of its	collection
а		Public exhibition		d		Loar	n or exchange pro	grams		
b		Scholarly research		e		Othe	er			
С		Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5		g the year, did the organization solicit o s to be sold to raise funds rather than to						nılar	☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990), Part	IV, I	ine 9, or report	ed an amou		
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermedi	ary for	contril	oution	ns or other assets	not	☐ Ye	s 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the fol	lowing	table			Aı	mount	
c	Begin	ining balance					1c			
d	Addıt	ions during the year					1d			
е	Dıstrı	butions during the year					1e			
f	Endin	g balance					1f			
2 a	Did th	ne organization include an amount on Fo	rm 990, Part X, line 2	21, for	escrow	or c	ustodial account li	abılıty?	☐ Ye	s 🗌 No
b		s," explain the arrangement in Part XIII	Check here if the ex	planat	ion has	beer	n provided in Part	XIII		
Pā	rt V	Endowment Funds. Complete if	the organization a	nswei	red "Ye	es" o	n Form 990, Pa	•		
			(a)Current year	(b) P	rior yea	$\overline{}$	(c)Two years back	+		(e)Four years back
	-	ing of year balance	1,418,674		1,373	,531	1,132,825	<u> </u>	386,267	1,406,222
b	Contrib	outions	51.216		100	167	147,768		50,000	25.000
		estment earnings, gains, and losses	-51,316		199	,167	108,829	1	-8,860	85,008
		or scholarships								
е		expenditures for facilities ograms	285,948		154	,024	15,891	. 2	294,582	24,177
f	Admını	strative expenses								
g	End of	year balance	1,081,410		1,418	,674	1,373,531	1,1	132,825	1,386,267
2	Provid	de the estimated percentage of the curre	ent year end balance	(line 1	g, colui	nn (a	a)) held as			
а	Board	d designated or quasi-endowment 🕨	47 730 %							
b	Perm	anent endowment ► 52 270 %								
c	Temp	orarily restricted endowment >								
		percentages on lines 2a, 2b, and 2c shou	·							
3a		here endowment funds not in the posses nization by	sion of the organizati	on tha	t are h	eld ar	nd administered fo	or the		Yes No
	_	nrelated organizations							3a	n(i) Yes
Ь		elated organizations	 ns listed as required o	 on Sche	 edule R	, .				(ii) No
4		ribe in Part XIII the intended uses of the								
Pa	rt VI	Land, Buildings, and Equipme	nt.							
		Complete if the organization answ	vered "Yes" on For		•				•	
	Descri	ption of property (a) Cost or oth (investme	1 , ,	or other	basis (d	ther)	(c) Accumulated	depreciation	(d) Book value
1 a	Land									
b	Buildin	gs			1,74	2,674	1	1,607,184		135,490
c	Leaseh	old improvements								
d	Equipn	nent			3	8,077		27,922		10,155
е	Other				- 5	9,853	3	58,263		1,590
Tota	I. Add	lines 1a through 1e (Column (d) must e	qual Form 990 Part	Colin	mn (R)	line	10(c))	•		147 235

	Saa Form 990 Part V line 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation ar market value
	al derivatives					
	Tied equity interests	<u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	on (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. P	art IV. line	11c. See Fo	ırm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	· valuation
(1)				Cost	. or end-or-yea	ar market value
(2)						
3)						
4)						
(5)						
6)						
(7)						
(8)						
(8)						
(9)	an (b) must equal Form 990. Part X, col (B) line 13)	•				
(9) 「otal. (Colum	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX			m 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
otal. (Column Part IX	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
Part IX 1) 2)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9) Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered in the organization and the complete in the organization answered in the organization and	on .				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description amm (b) must equal Form 990, Part X, col (B) line 15	on .		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	on .	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
(9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) Total. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value

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

4b

Explanation

4c

5

885.172

Schedule D (Form 990) 2018

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Supplemental Information

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 23-7218767

Name: CLEVELAND RESTORATION SOCIETY INC

Supplemental Information

Return Reference

Explanation

CRS DID NOT HAVE REVENUE OR EXPENSE RELATED TO CONSERVATION EASEMENTS DURING 2018 OR 2017

IT'S ONLY CONSERVATION EASEMENT WAS ESTABLISHED IN 2007 AND THE AMOUNT PAID FOR THE MONIT ORING AND PROTECTION OF THE EASEMENT, 1,710 IS REFLECTED ON THE BALANCE SHEET IN A RESTRIC TED CASH ACCOUNT (1) 1333 EAST BOULEVARD IS A SIX SUITE APARTMENT BUILDING IN THE EAST B LVD 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.

Supplemental Information	
Return Reference	Explanation
	Explanation 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 1 00,000 GIFT FROM THE F J O'NEILL CHARITABLE CORPORATION THIS GIFT AND OTHER CONTRIBUTIO NS 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 AWARDING 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 BENED ICT HOUSE INCLUDED IN THE FUND IS A 70,000 GIFT FROM THE F J O'NEILL CHARITABLE CORPORA TION, AMONG OTHER GIFTS FROM FOUNDATIONS, CORPORATIONS AND INDIVIDUALS THE FUND BALANCE A S OF DECEMBER 31, 2017 IS 286,776 THE REVOLVING FUND WAS ESTABLISHED IN 2015 WITH A 50,00 0 GRANT IN 2016, THE FUND WAS INCREASED BY A GRANT OF 25,000 THE GRANT FUNDS ARE TO BE U SED AS WORKING CAPITAL TO ACQUIRE OPTIONS OR OWNERSHIP INTERESTS IN REAL PROPERTY AND/OR T O REHAB SUCH REAL PROPERTY AFTER THE REAL ESTATE IS RENOVATED AND/OR SOLD, THE FUND IS IN TENDED TO BE REIMBURSED FOR THE LESSER OF ITS INVESTMENT IN THE PROPERTY OR ITS SHARE OF T HE PROCEEDS AND BE AVAILABLE FOR THE NEXT PROJECT AS OF DECEMBER 31, 2018, 65,483 OF THE FUND IS INVESTED IN 18520 WINSLOW ROAD, SHAKER HEIGHTS, OH THE REMAINING FUND BALANCE OF
	9,668 IS INVESTED IN MONEY MARKET FUNDS THE BOARD DESIGNATED FUNDS CONSIST OF UNRESTRICTE D 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 GUIDELINE S OF THE ORIGINAL ENDOWMENT AND ONLY WITHDRAW UP TO 5% OF THE FUND EACH YEAR, THE PRINCIPA L CAN BE WITHDRAWN WITH A MAJORITY TWO-THIRDS VOTE OF THE BOARD DURING FISCAL YEARS ENDED DECEMBER 31, 2018 AND 2017, THE CRS BOARD HAS ELECTED TO TRANSFER 40,272 AND 19,513 TO TH E OPERATING ACCOUNT THE REMAINING ASSETS HAVE BEEN LEFT IN THE FUND THE BALANCE OF THE F UND AS OF DECEMBER 31, 2018 IS 721,057

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 2015 AND FORWAR D

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

CLEVELAND RESTORATION SOCIETY INC

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

DLN: 93493311014919 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information

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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 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

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -	DL	N: 93493311014919
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	additional information. or 990-EZ.	OMB No 1545-0047 2018 Open to Public Inspection	
	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Brighty Form 990 for the latest information. Employer identication 23-7218767 Capplemental Information Explanation CLEVELAND RESTORATION SOCIETY, INC (CRS), USES THE POWERFUL TOOL OF HISTORIC TO REVITALIZE OUR DIVERSE COMMUNITIES, STRENGTHEN THE REGIONAL ECONOMY, AND UALITY OF LIFE IN NORTHEASTERN OHIO CRS'S VISION OUR DREAM FOR OURSELVES AND N IS THAT NORTHEASTERN OHIO RECLAIMS ITS VITALITY AND PROSPERITY AND ADDS TO ITS REMARKABLE ARCHITECTURAL HERITAGE STRATEGIE		
	···		
FORM 990 - ORGANIZATION'S MISSION	CLEVELAND RESTORATION SOCIETY, INC (CRS), USES TO REVITALIZE OUR DIVERSE COMMUNITIES, STRENG UALITY OF LIFE IN NORTHEASTERN OHIO CRS'S VISION IS THAT NORTHEASTERN OHIO RECLAIMS ITS VITAL	S THE POWERFUL TOOL OF HISTORIC STHEN THE REGIONAL ECONOMY, AN ON OUR DREAM FOR OURSELVES AN ITY AND PROSPERITY AND ADDS TO CHITECTURAL HERITAGE STRATEGI IH COMMUNITY LEADERS, AND WITH WE FOCUS ON 1) CREATING VIBRAN PRAGING THE PRESERVATION OF CLE I-FRIENDLY PUBLIC POLICIES, AND 4) REVATION CRS HAS FOUR CORE PRO	ID ENHANCE THE Q ID OUR CHILDRE ITS BEAUTY TH ES THROUGH PRODU ATTENTION TO TH T, HIGH-VALUE EVELAND'S GREATE CELEBRATING DGRAMS - ADVOCACY

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	VOLUNTEERS ARE TRUSTEES, COMMUNITY ADVISORS, EVENT ASSISTANTS AND OFFICE WORKERS BOARD ME
PAGE 1,	MBERS AND VOLUNTEERS PROVIDE FREE ARCHITECTURAL AND ENGINEERING SERVICES THESE DONATED SE
PART I, LINE	RVICES INCLUDE SURVEYING HISTORIC BUILDINGS, RESEARCHING POTENTIAL PROJECTS, AND PROVIDING
6	ASSISTANCE WITH OTHER PRESERVATION-RELATED MATTERS THE ARCHITECTURAL AND ENGINEERING SER
	VICES ARE RECORDED AS DONATED SERVICES AND CONTRACT SERVICES IN THE AMOUNT OF 24,000 AND 2

4,000 FOR YEARS ENDED DECEMBER 31, 2018 AND 2017, RESPECTIVELY

Return Reference	Explanation
FORM 990, PAGE 2, 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 2018, CRS CONTINUED ITS HUMANITIES PROJECT IN CLEVE LAND'S WARD 1 CONDUCTING INTERVIEWS, COLLECTING PHOTOGRAPHS, DEVELOPING A WEBSITE, AND SP ONSORING LECTURES BY A NATIONALLY NOTED SCHOLAR CRS SPONSORED LOCAL STORYTELLING AND DIGI TIZATION EVENTS TO HELP THE COMMUNITY RECORD ITS HISTORY WE WORKED WITH JOHN F KENNEDY P ACT (PROBLEM-BASED ACADEMY OF CRITICAL THINKING) TEACHERS TO DESIGN A LOCAL HISTORY CURRIC ULUM FOR ADVANCED STUDENTS AFTER SEVERAL YEARS OF RESEARCH AND STUDY, CRS NOMINATED THE M YRTLE-HIGHVIEW HISTORIC DISTRICT TO THE NATIONAL REGISTER OF HISTORIC PLACES TO REFLECT TH E NEIGHBORHOOD BEING DEVELOPED BY SEVERAL AFRICAN-AMERICAN DEVELOPERS IN ADDITION, CRS, IN 2018, BEGAN WRITING A BOOK ON THE HISTORY OF THE LEE-HARVARD AND LEE-SEVILLE NEIGHBORHOODS WHICH WILL BE PUBLISHED IN 2019 " 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 DEP ARTMENT OF BUILDING & HOUSING TO SURVEY 125 PROPERTIES SLATED FOR DEMOLITION, AND PROVIDED CONSULTATION TO THE CITY OF HUDSON ASSISTANCE INVOLVING A HISTORIC STOREFRONT AND THEIR A DMINISTRATION OF HISTORIC ZONING CRS ALSO COMPLETED A NATIONAL REGISTER LISTING APPLICATION FOR FOUNDWOOD MANOR, THE VAN SWERINGEN ESTATE IN HUNTING VALLEY, AND TESTIFIED ON BEHAL FOF A ZONING CHANGE REQUESTED BY THE OWNER WE GAVE TECHNICAL ASSISTANCE TO 20 SACRED LANDMARK SAND COMPLETED COMPREHENSIVE BUILDING ASSESSMENTS OF TWO SIGNIFICANT SACRED LANDMARK SAND COMPLETED COMPREHENSIVE BUILDING ASSESSMENTS OF TWO SIGNIFICANT SACRED LANDMARK

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	REAL ESTATE INTERVENTION - USING AGGRESSIVE LEGAL ACTION AND STRATEGIC REAL ESTATE INVESTM ENT TO HAVE POSITIVE IMPACTS IN NEIGHBORRHOODS THIS INCLUDES DIRECTLY INVESTING AND ADVOCA TING IN ENDANGERED AND POTENTIALLY CATALYTIC PROPERTIES IN 2018, CRS CONTINUED ITS TASK F ORCE INTERVENTION ON BEHALF OF THE ENDANGERED 1898 HOME OF ARCHITECT LEVI SCOFIELD IN CLEV ELAND THIS PROPERTY, A SIGNIFICANT PIECE OF CLEVELAND HISTORY, HAS BEEN VACANT FOR OVER T WENTY YEARS CRS HAS BEEN UTILIZING DONATED SERVICES AND IS COLLABORATING WITH MULTIPLE PA RTNERS TO SAVE THE MANSION FOR A NUMBER OF YEARS, CRS HAS BEEN CONCERNED ABOUT THE DEMOLI TION OF MONUMENTAL CLEVELAND PUBLIC SCHOOLS FROM THE EARLY DECADES OF THE TWENTIETH CENTUR Y WHILE WE HAVE LOBBIED THE CLEVELAND METROPOLITAN SCHOOL DISTRICT TO REUSE THESE BUILDIN GS, CLEVELAND'S SHRINKING AND SHIFTING POPULATION AND LACK OF RESOURCES TO PAY FOR HISTORI C PRESERVATION COSTS FOR WHICH THE STATE FACILITIES COMMISSION WILL NOT PROVIDE A MATCH HA VE PREVENTED MANY SCHOOLS FROM BEING REHABBED FOR EDUCATIONAL PURPOSES THE STATE OF OHIO ALSO MANDATES THAT REDUNDANT BUILDINGS BE FIRST OFFERED TO CHARTER SCHOOLS BEFORE GOING ON THE OPEN MARKET-SOMETHING CMSD WOULD PREFER NOT TO DO THEREFORE, IT IS OFTEN EASIER TO D EMOLISH HISTORIC SCHOOL BUILDINGS AND BUILD A NEW BUILDING ON THE SAME SITE "IN 2016, CRS WAS APPROACHED BY TWO CLEVELAND COUNCILMEN TO REVIEW THE CONDITION OF LONGFELLOW SCHOOL, 650 E 140TH STREET IN SOUTH COLLINWOOD DESIGNED BY CLEVELAND SCHOOLS ARCHITECT WALTER MC CORNACK AND CONSTRUCTED IN 1924, LONGFELLOW IS A RARE EXAMPLE OF THE DUTCH RENAISSANCE AND ENGLISH BARQUE STYLES ITS LAYOUT IS IDEAL FOR AFFORDABLE HOUSING CLEARLY ELIGIBLE FOR THE NATIONAL REGISTER OF HISTORIC PLACES, IN 2016, CRS ASSEMBLED A BULE-RIBBON TASK FORCE TO ASSESS LONGFELLOW'S POTENTIAL "THE TASK FORCE ASSEMBLED ON THE ELIST OF DEVELOPERS AND AN RFG (REQUEST FOR QUALIFICATIONS) IN ORDER TO MAKE THE AVAILABILITY OF THE SCHOOL KN OWN TO A NATIONAL AUDIENCE DURING 2018, CRS DISTRIBUTED A 20 PAGE REQ

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ADVOCACY & PUBLIC POLICY - ENCOURAGING ACTIVITIES AND POLICIES THAT LEVEL THE PLAYING FIEL D FOR PRESERVATION AND REHABILITATION CRS PARTICIPATES IN CLEVELAND LANDMARKS COMMISSION, PLANNING COMMISSION, AND DESIGN REVIEW MEETINGS AS THE VOICE FOR ENDANGERED BUILDINGS, PR OTECTS HISTORIC TAX CREDITS, AND IS A THOUGHT LEADER FOR AMERICA'S LEGACY CITIES SARAH BE NEDICT HOUSE - THE SOCIETY AND ITS STAFF ARE HEADQUARTERED AT THIS HISTORIC HOUSE, WHICH I S LOCATED IN THE UPPER PROSPECT HISTORIC DISTRICT IN DOWNTOWN CLEVELAND, OHIO CRS IS A ME MBER OF THE NATIONAL TRUST PARTNERS NETWORK CRS WAS INVOLVED IN SEVERAL SIGNIFICANT PROJE CTS IN 2018, INCLUDING THE DALL HOUSES ON EAST 46TH STREET IN CLEVELAND, THE LUTHER MOSES HOUSE ON LEXINGTON AVENUE IN CLEVELAND AND ROUNDWOOD MANOR IN DAISY HILL

Paturn

Reference	Explanation
FORM 990,	GORDON M PRIEMER J GORDON PRIEMER FATHER AND SON STEPHANIE RYBERG-WEBSTER KATHLEEN H CR
PAGE 6,	OWTHER EMPLOYMENT-TEACH CLASSES / CSU STEPHANIE RYBERG-WEBSTER GREG FROST EMPLOYMENT-TEACH
PART VI,	CLASSES/CSU STEPHANIE RYBERG-WEBSTER JOSEPH MARINUCCI LEVIN COLLEGE VISITING COM ROBERT
LINE 2	WEEKS GORDON M PRIEMER BUSINESS ENGAGEMENT JOE DENK TONI HITI CONSULTING SERVICES JOE DEN
	K MICHAEL CHESLER CONSULTING SERVICES JOE DENK TOM EINHOUSE CONSULTING SERVICES JOE DENK A
	RNE GOLDMAN CONSULTING SERVICES JOE DENK JONATHAN SANDVICK CONSULTING SERVICES JONATHON SA
	NDVICK JOE DENK BUSINESS ENGAGEMENT JONATHON SANDVICK STEVE COON BUSINESS ENGAGEMENT

Evolunation

Return Explanation
Reference

FORM 990, ANY INDIVIDUAL INTERESTED IN HELPING THE ORGANIZATION ACHIEVE ITS MISSION IS WELCOME TO JOIN THE CLEVELAND RESTORATION SOCIETY

PART VI, LINE 6

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. MEMBERS ELECT THE BOARD OF TRUSTEES PAGE 6,

PART VI, LINE 7A

Return Explanation
Reference

LINE 7B

FORM 990, AMENDMENTS TO ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS

PAGE 6,

PART VI,

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 9	ANTHONY W HITI, AIA 1939 WEST 25TH STREET CLEVELAND, OH 44113 MICHAEL CUMMINS 7777 SONNY DRIVE WALTON HILLS, OH 44146 HANNAH FRITZMAN BELSITO 334 EUCLID AVENUE CLEVELAND, OH 44113 DOUG R HOFFMAN 2355 RIVERSIDE DRIVE LAKEWOOD, OH 44107 SCOTT C HOLBROOK 3200 PNC CENTER CLEVELAND, OH 44114 DANA NOEL 2190 PROFESSOR AVENUE CLEVELAND, OH 44113 JOSEPH F DENK, J R 503 E 200 ST CLEVELAND, OH 44119 WILLIAM J HUBBARD 3900 KEY CENTER CLEVELAND, OH 4411 HORNA SOCCIA 1100 SUPERIOR AVENUE CLEVELAND, OH 44114 MICHAEL CHESLER 9639 KINSMAN ROAD MATERIALS PARK, OH 44073 STE VEN C COON 7349 RAVENNA AVENUE NE LOUISVILLE, OH 44641 SUSAN T DELANEY 2603 EDGERTON ROA D UNIVERSITY HEIGHTS, OH 44118 THOMAS EINHOUSE 1501 EUCLID AVENUE CLEVELAND, OH 44115 GREG FROST 17727 SOUTH MILES ROAD CLEVELAND, OH 44128 ARNE GOLDMAN 1702 JOSEPH LLOYD PARKWAY W ILLOUGHBY, OH 44094 DALE K HILTON 27131 EDGECLIFF DRIVE EUCLID, OH 44132 DENISE C HUCK 1 200 W 67H STREET, SUITE 801 CLEVELAND, OH 44113 JOSEPH A MARINUCCI 1010 EUCLID AVENUE, 3 RD FLOOR CLEVELAND, OH 44115 WAYNE MORTENSEN 11327 SHAKER BLVD, SUITE 500W CLEVELAND, OH 4 4104 ELIZABETH CORBIN MURPHY 13212 SHAKER SQUARE CLEVELAND, OH 44120 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 DAVID M STRINGER 2686 WADSWORTH ROAD SHAKER HEIGHTS, OH 44120 WALKER HEIGHTS, OH 44120 WILLIAM SALTZMAN 1350 EUCLID AVENUE, STE 300 CLEVELAND, OH 50 H4112 DIRAV VAKHARIA, MD 2952 FALMOUTH ROAD SHAKER HEIGHTS, OH 44120 RAVENUE CLEVELAND, OH 44110 BORDON, OH 44236-0470 JAN M DEVEREAUX 2886 LITCHFIELD SHAKER HEIGHTS, OH 44120 FALICA SELDREDGE 17 LAUREL LAKE ROAD HUDSON, OH 44236 LILLIAN EMMONS 13515 SHAKER BLVD, APT 5A CLEVELAND, OH 44120 MA RJORIE KITCHELL 2542 STRATFORD ROAD CLEVELAND HEIGHTS, OH 44110 AVENUE

Return Explanation

Reference

FORM 990 A CORY OF THE FEDERAL FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE PRIOR TO FILING

FORM 990, A COPY OF THE FEDERAL FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE PRIOR TO FILING PART VI.

990 Schedule O, Supplemental Information

LINE 11B

Return Explanation
Reference

LINE 12C

FORM 990, AT THE FIRST BOARD MEETING OF THE YEAR EACH BOARD MEMBER IS ASKED TO READ THE CONFLICT OF PAGE 6, INTEREST POLICY AND SUBMIT ANY POTENTIONAL CONFLICTS

PART VI,

Return
Reference

Explanation

Explanation

EXPLANDED ON INDUSTRY STANDARD AND COMPENSATION SUBCOMMITTEE

LINE 15A

FORM 990, PAGE 6, PART VI.

Return Explanation
Reference

FORM 990, BOARD USES VARIOUS SOURCES TO DETERMINE SALARIES INCLUDING OTHER ORGANIZATION'S 990 AND THE PAGE 6, FINANCIAL LIMITATIONS OF THE ORGANIZATION

PART VI, LINE 15B

Return Explanation
Reference

FORM 990, 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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493311014919 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

CLEVELAND RESTORATION SOCIETY INC												
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary a	ctivity	Legal dom or foreigi	c) Icile (state I country)	(d) Total ind	ome	(e) End-of-year a	ıssets	(1 Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year		ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	/, line 34 be	ecause	ıt had one or	more	
(a) Name, address, and EIN of related organization		(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public o	(e) harity status on 501(c)(3))	Dı	(f) rect controlling entity	Section (13) coi	512(b) introlled ity?
(1)HERITAGE HOME EDUCATION SOCIETY 3751 PROSPECT AVENUE CLEVELAND, OH 44115	SEE SCH				501C3		7		CRS		Yes	NO
45-5078402												
											<u> </u>	(g) n 512(b ontrolled itity? No
												_
For Paperwork Reduction Act Notice, see the Instructions for Forr	n 990.		Ca	nt No 5013	<u> </u> 5Y				Sch	edule R (Form	990) 20	1 018

	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		ted, total incom om		Disprop alloca	rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	nging ner?	Percent owners
							Yes	No		Yes	No	
ations Taxable as a Coorganizations treated as	Corporation a corporation	or Trus on or tru	t Complete st during th	 If the orga ne tax year.	nization ans	 swered "Yes	" on F	l orm 99	l 90, Part IV,	line	34	
(b) Primary activity	L do (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Perce	ntage	(13	(i) ection ! 3) con entit
												Yes
												\perp
												\dashv
	organizations treated as	(b) Primary activity (state	zations Taxable as a Corporation or Trus organizations treated as a corporation or tru	rations Taxable as a Corporation or Trust Complete organizations treated as a corporation or trust during the legal domicile (state or foreign	country) sections 51 514) rations Taxable as a Corporation or Trust Complete If the orga organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (d)	country) sections 512- 514) Eations Taxable as a Corporation or Trust Complete If the organization ansorganizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	country) sections 512- 514) Eations Taxable as a Corporation or Trust Complete if the organization answered "Yes organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (C corp, S corp, or trust) (Type of entity (C corp, S corp, or trust) (state or foreign)	rations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Forganizations treated as a corporation or trust during the tax year. Corporation Corporat	country) sections 512- 514) Yes No Yes No Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 9 organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (Corp., S corp., or trust) organizations (g) Share of total income year assets	country) sections 512- 514) Yes No Yes No Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling entity (C) Type of entity Type of entity (C) Share of total income year assests assests assests assests	country) Sections 512- Yes No Yes Yes No Yes Yes No Yes Yes	country) sections 512- 514) Yes No Yes No

(1)HERITAGE HOME EDUCATIONAL SOCIETY

(2)HERITAGE HOME EDUCATIONAL SOCIETY

(3)HERITAGE HOME EDUCATIONAL SOCIETY

(4)HERITAGE HOME EDUCATIONAL SOCIETY

Pa	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 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	<u> </u>	No
		<u> </u>		

Page 3

1n Yes

1o | Yes

1q | Yes

1r

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

No

No No

	<u> </u>	+-	+-
f Dividends from related organization(s)	1	lf	No
g Sale of assets to related organization(s)	1.	.g	No
h Purchase of assets from related organization(s)	1	.h	No
i Exchange of assets with related organization(s)	1	Li .	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1	.j	No
	L		<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)	1'	.k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1	П	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1	.m	No

(b)

Transaction

type (a-s)

C

0

Е

(c)

Amount involved

30,000

273,622

192,113

383,099

CASH

CASH

CASH

CASH

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

													
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990)) 2018

Schedule R (Form 990) 2018								
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 R (Form 990) 2018