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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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OMB No. 1545-0052

2019

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 01-01-2	019	, ar	nd er	nding 12-31-	2019	
		indation H RING MATHER				A Employer ide	entification numbe	r
		GWINN MATHER FUND				34-6519863		
		l street (or P.O. box number if mail is not delivered to street address INTH ST SUITE 900	B Telephone number (see instructions)					
				(216) 696-4200	ı			
		, state or province, country, and ZIP or foreign postal code , OH 44114				C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply: \Box Initial return \Box Initial return of a	former	public charity		D 1. Foreign org	ganizations, check he	ere
		Final return Amended return	l				ganizations meeting k here and attach co	
		Address change Name change				·		· -
	,	pe of organization: \square Section 501(c)(3) exempt private					indation status was t n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust						
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 21,108,215 J Accounting method: □ Other (specify) (Part I, column (d) mus	✓ Ca t be on		al		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a)	Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	1	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		800,624				
	2	Check ► ☐ if the foundation is not required to attach		230,024				
		Sch. B						
	3	Interest on savings and temporary cash investments		430		430		
	4	Dividends and interest from securities		417,691		417,691		
	5a b	Net rental income or (loss)	-					
ω	6a	Net gain or (loss) from sale of assets not on line 10	- -	-174,660				
Revenue	b	Gross sales price for all assets on line 6a		,				
Şe	_	1,969,260	2					
	7 8	Capital gain net income (from Part IV, line 2)						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	%	18,896		18,896		
	12	Total. Add lines 1 through 11		1,062,981		437,017		
	13	Compensation of officers, directors, trustees, etc.						
	14	Other employee salaries and wages						
es	15	Pension plans, employee benefits						
ens	16a	Legal fees (attach schedule)	92	85,349		42,674		42,675
Ϋ́	b	Accounting fees (attach schedule)	% J	22,075		11,038		11,037
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	9	56,514		28,710		27,804
ia E	17	Interest	ا عوا	36.000		4E E00		
<u> </u>	18	Taxes (attach schedule) (see instructions)	% J	26,090		15,590		
Ξ	19	Depreciation (attach schedule) and depletion						
Ad	20 21	Occupancy		12,055				
<u> </u>	22	Printing and publications		12,033				
ਲ <u>ਹ</u>	23	Other expenses (attach schedule)	9	2,755		1,277		1,278
atıı	24	Total operating and administrative expenses.	_			·		,
Sec.		Add lines 13 through 23		204,838		99,289		82,794
S S	25	Contributions, gifts, grants paid		1,100,166				1,100,166
	26	Total expenses and disbursements. Add lines 24 and 25		1 005 05 :		00.05		4 100 055
	27	Subtract line 26 from line 12:		1,305,004		99,289		1,182,960
	<i>2,</i> а	Excess of revenue over expenses and						
		disbursements		-242,023				
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)				337,728		
	С	Augusted net moonie (ii negative, enter -0-)	1		1			1

387,862

15,648,022

1,734,027

57,716

3,280,588

21,108,215

Page 2

End of year

387,862

11,489,227

1,783,599

57,716

2,598,965

16,317,369

16,317,369

16,317,369

16,317,369

16,891,508

16,729,304

16,317,369 Form **990-PF** (2019)

-242,023

79,819

411,935

1

2

3

4

5

6

(b) Book Value

Part II	Balanc
1	Cash—n

1
2

3

4

5

6

7

8

9 10a

b

C

11

12

13

14

15

16

17 18

19 20

21 22

23

24 25

28

30

Part III

2

3

Liabilities

Fund Balances

ō 26

Assets 27

Net 29

Assets

-non-interest-bearing

Pledges receivable ▶

Accounts receivable ▶

Less: allowance for doubtful accounts ▶

Less: allowance for doubtful accounts ▶

Land, buildings, and equipment: basis ▶ _

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Other assets (describe > _

Prepaid expenses and deferred charges

Inventories for sale or use . . .

Less: allowance for doubtful accounts ▶

Receivables due from officers, directors, trustees, and other

disqualified persons (attach schedule) (see instructions)

Investments—U.S. and state government obligations (attach schedule) Investments—corporate stock (attach schedule)

Less: accumulated depreciation (attach schedule) ▶ _____

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg., and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Less: accumulated depreciation (attach schedule) ▶ _____

Total assets (to be completed by all filers—see the

Investments—land, buildings, and equipment: basis ► _____ 57,716

Other notes and loans receivable (attach schedule) ▶

Savings and temporary cash investments

(a) Book Value

12,250,917

1,783,599

57,757

2,304,283

16,891,508

16,891,508

16,891,508

16,891,508

494,952

Grants payable Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). Other liabilities (describe . Total liabilities(add lines 17 through 22) Foundations that follow FASB ASC 958, check here

Page **3**

	Capital Gallis	and Losses for Tax on Thivest	unche Income					
		pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	:	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	1							
					-			
					_			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	n) r (loss) ı minus (g)	
а								
b								
d					-			
-					-			
e					_			
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col. (i) l. (j), if any			n) gain minus less than -0-) or om col.(h))	
a								
b								
-					-			
<u>c</u>					_			
d					_			
e								
2	Capital gain net income	, , ,	If gain, also enter in F If (loss), enter -0- in		}	2		
3	•	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi	. ,)- 	} L	3		
	A 1161 11							
Pari		Under Section 4940(e) for Re						
(For o	ptional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on n	et investment ind	come.)		
If sect	ion 4940(d)(2) applies, l	eave this part blank.						
If "Yes	s," the foundation does no	ne section 4942 tax on the distributa ot qualify under section 4940(e). Do	not complete this part			Y	es 🗹 No	
1		nount in each column for each year;	see instructions before	making any ent	tries.			
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital	ole-use assets		(d) Distribution rati (col. (b) divided by c		
	2018	1,230,488		20,018,724			0.061467	
	2017	1,323,248		19,055,224			0.069443	
	2016	1,334,078		17,126,825			0.077894	
	2015	1,245,926	 			0.070287		
	2014	1,447,927				0.081269		
~	Total of line 1, column (2		0.360360	
	, ,	o for the 5-year base period—divide		_	-+		0.500500	
	number of years the four	o for the 5-year base period—divide ndation has been in existence if less oncharitable-use assets for 2019 fron	than 5 years		3 4		0.072072 20,093,084	
	Multiply line 4 by line 3		•		5		1,448,149	
	• • •	ent income (1% of Part I, line 27b)		· · · · · ⊢	6		3,377	
		, , ,			7			
				· · · · · ⊢			1,451,526	
	8 Enter qualifying distributions from Part XII, line 4 ,							
						_	000 DE (2010	

Page **6**

Ба	During the year did the foundation p	ay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ N	,		
	(2) Influence the outcome of any sp							
	on, directly or indirectly, any vot	-		· · 🔲 Yes	✓ N	o		
	(3) Provide a grant to an individual (• • • • • • • • • • • • • • • • • • • •		Yes	✓ N	o		
	(4) Provide a grant to an organization in section 4945(d)(4)(A)? See in		· -					
	(5) Provide for any purpose other th			· · L Yes	✓ N	D		
	educational purposes, or for the	•		· · 🗌 Yes	✓ N	。		
b	If any answer is "Yes" to $5a(1)-(5)$,					l		
	Regulations section 53.4945 or in a c			uctions	•	5b		
_	Organizations relying on a current no							
С	If the answer is "Yes" to question 5a tax because it maintained expenditu		•					
	If "Yes," attach the statement requir	· · · · · · · · · · · · · · · · · · ·		· · L Yes	⊔ N•	o		
5a	Did the foundation, during the year,	· -		ime on				
Ja	a personal benefit contract?							
b	Did the foundation, during the year,			res	<u>✓</u> N	6b		No
_	If "Yes" to 6b, file Form 8870.	pa, promano, an out, or me			•	132		1
7a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter trai	nsaction?	✓ N			
b	If "Yes", did the foundation receive a			⊔ res	. N	o 7b		
3	Is the foundation subject to the secti	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🔲 Yes	✓ №	, L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma				,	
Pa	and Contractors		·	,	•	•		
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	. See instructions				
		(b) Title, and average	(c) Compensation (If	(d) Contributions t		e) Exper	nse acc	ount.
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati	sano `	other a		
ee /	Additional Data Table	uctottu to position	- ,	acioni da componida.	-			
2	Compensation of five highest-pai	d employees (other than t	hose included on line	L—see instructions). I	f none,	enter "	NONE	."
٠.,١	Name and address of each ampleyee	(b) Title, and average		(d) Contributions t		.) Evnon		
aj	Name and address of each employee p more than \$50,000	nours per week	(c) Compensation	employee benefit		Expen) (e other al		
		devoted to position		compensation				
ON	E							
oto	I number of other employees paid ove		1					
ota	i number of other employees paid ove	:: ф.50,000:		· · · · · · · ·		orm 99	0-PE	(2010
					r	UIIII 3 3	J-PF	(SOT)

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Part VIII Information About Officers, Director and Contractors (continued)	rs, Trustees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for profe	essional services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50	0,000 (b) Type of service	(c) Compensation
SCHNEIDER SMELTZ SPIETH BELL LLP	LEGAL & ACCT.	85,349
1375 E NINTH ST SUITE 900		
CLEVELAND, OH 44114		
Total number of others receiving over \$50,000 for professiona	al services	
Part IX-A Summary of Direct Charitable Activi	ties	
organizations and other beneficiaries served, conferences convened, reset 2 3 4	anch papers produced, etc.	
Part IX-B Summary of Program-Related Inves	stments (see instructions)	
Describe the two largest program-related investments made by the fo		Amount
1 N/A	Tanadan aling the tax year on most and 2.	, and and
2		
		- -
All other program-related investments. See instructions.		
3		- -
Takal Addinas 1 thusan 2		
Total. Add lines 1 through 3		
		Form 990-PF (2019)

3

4

5

6

7

1a

1b

2

3a 3b

4

5

997,899

997.899

997.899

1,182,960

1,182,960

1,182,960

Form 990-PF (2019)

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

3

4 5

6

1

2

3

4

5

b

Part XII

a From 2014.

b From 2015. c From 2016. . .

d From 2017.

e From 2018.

997,899

Form **990-PF** (2019)

(b)

Years prior to 2018

2.076.809

185.061

2,261,870

577.835

1,684,035

(c)

2018

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						_		•	`		
•	9	į	1	ī	3	Y	1	ī	1	Γ	
		Ľ			•		-	-			

0-PF	(2	0	1	9)
	ī		Г		-	

PF (20	019)	
000	Undistributed Income (see instruc	ctions)
		(a)

577.835 370,854

490 119

396.502 241,499

370.854 490,119

396.502

241,499

185,061

(20	(2019)									
Ι	Undistributed Income (see instructions)									
		(a) Corpus								

119)	
Undistributed Income (see instru	ıctic

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

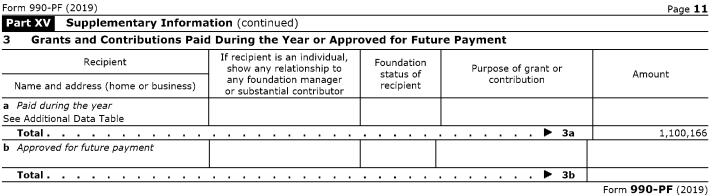
b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,182,960 a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

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:	Part XIV Private Operating Found	dations (see instr	uctions and Part V	II-A, question 9)				
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20							
b	Check box to indicate whether the organizat	tion is a private opera	ating foundation des	cribed in section \Box	│ 4942(j)(3) or □] 4942(j)(5)		
2a	Enter the lesser of the adjusted net income from Part I or the minimum							
	investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016			
b	85% of line 2a							
	Qualifying distributions from Part XII,							
	line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon:							
а	"Assets" alternative test—enter:							
	(1) Value of all assets							
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
С	"Support" alternative test—enter:							
_	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt organizations as provided in							
	section $4942(j)(3)(B)(iii)$.							
	(3) Largest amount of support							
	from an exempt organization							
	(4) Gross investment income					_		
Pa	Supplementary Information			oundation had s	\$5,000 or more	ın		
1	assets at any time during the Information Regarding Foundation Man		ructions.)					
	List any managers of the foundation who ha		than 2% of the total	contributions receiv	ed by the foundatio	n		
_	before the close of any tax year (but only it							
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the			
2	Information Regarding Contribution, G							
	Check here ▶ ☐ if the foundation only mal	kes contributions to r	recelected charitable	o organizations and	does not accept			
	unsolicited requests for funds. If the foundation							
	other conditions, complete items 2a, b, c, a			-				
а	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed:			
	CORNELIA I HALLINAN PRESIDENT AT							
	1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114							
	(216) 696-4200							
	The form in which applications should be su	bmitted and informa	tion and materials th	nev should include:				
	APPLICATION CAN BE MADE IN LETTER FOR SHOULD INCLUDE AN ANNUAL REPORT OR THE MONEY RECEIVED.	RM AND INCLUDE DE	TAIL OF ORGANIZAT	TON, FINANCIAL IN	•			
С	Any submission deadlines: OCTOBER 1							
d	Any restrictions or limitations on awards, su	uch as by geographic	al areas, charitable f	ïelds, kinds of institu	utions, or other			
	factors:							
	NO GRANTS ARE MADE TO INDIVIDUALS. N QUALIFYING ORGANIZATIONS IN THE CLEV					MADE TO		



Part XVI-A Analysis of Incon	_		uningen in	Freducial Street	E10 E10 E14	(e)
nter gross amounts unless otherwise in	ndicated.		usiness income	Excluded by section	512, 513, or 514	Related or exemp
1 Program service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
a b						
C	ŀ					
d						
e f						
q Fees and contracts from government						
Membership dues and assessments.	I					
Interest on savings and temporary of investments				14	430	
Dividends and interest from securiti				14	417,691	
 Net rental income or (loss) from rea a Debt-financed property. 	1					
b Not debt-financed property						
Net rental income or (loss) from per					10.000	
Other investment income.Gain or (loss) from sales of assets of assets				14	18,896	
inventory						-174,66
Net income or (loss) from special ev						
Ofross profit or (loss) from sales of in the Other revenue: a						
b						
c						
d	ŀ					
е					427.017	174.66
e				13	437,017	· · · · · · · · · · · · · · · · · · ·
e), and (e) ns to verify calcul	ations.)			437,017	-174,66 262,35
2 Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Relationship of A), and (e) ns to verify calcul activities to th	ations.) e Accomplisi	nment of Exem	pt Purposes	3	· · · · · · · · · · · · · · · · · · ·
2 Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
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Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
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Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
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Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
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Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction art XVI-B Relationship of A ine No. Explain below how each a the accomplishment of the), and (e) ns to verify calcul Activities to the activity for which i	ations.) e Accomplisi ncome is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	· · · · · · · · · · · · · · · · · · ·
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orm	990-PF	<u> </u>									Pa	ge 13
Par	t XVII	Information Re Exempt Organi		sfers To a	ind Transactio	ns and Rela	ationsh	ips With No	ncharit	able		
		rganization directly or in than section 501(c)(3)						escribed in sect	ion 501		Yes	No
•	, ,	from the reporting foun	,		, ,	_						
(1	.) Cash									1a(1)		No
(2) Othe	er assets								1a(2)		No
b Ot	her tra	nsactions:										
(1	.) Sale	s of assets to a nonchari	itable exempt or	ganization.						1b(1)		No
(2	?) Purc	hases of assets from a n	oncharitable exe	empt organiz	ation					1b(2)		No
-	-	al of facilities, equipmer	· ·							1b(3)		No
-	-	nbursement arrangemen							•	1b(4)		No
•	-	s or loan guarantees.								1b(5)		No
-	-	rmance of services or m f facilities, equipment, n		-					•	1b(6) 1c		No No
	-	wer to any of the above	-	•					market v			NO
	the fou	(b) Amount involved	•	ith, or related	d to, one or more	tax-exempt o	rganizati				ngemen	its
		in section 501(c) (other complete the following so)1(c)(3)) or i	n section 527? .			ШҮ	∕es 💆	∐ No		
		(a) Name of organization	on	(b) Type of organization	on		(c) Descriptio	n of relatio	nship		
Sigi	of n whi	der penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, corre			of preparer (o	other tha		pased on		mation	n of
Her		*****			2020-11-10	****	**		return			
		Signature of officer or to	rustee		Date	Title			below	nstr.)	_	
		Print/Type preparer's	name Pro	eparer's Sign	nature	Date	1	eck if self	PTIN	DO4 453	063	
Paid	_	DAVID LENZ				2020-11-:		ployed ▶ ☑		P01451	.20E	
	parei Only		NEIDER SMELTZ	SPIETH BEL	L LLP				Firm's E	IN ►34	-06644	161
	•	Firm's address ► 13	75 E NINTH ST	STE 900		<u> </u>						
		CL	.EVELAND, OH 4	141141724					Phone no	o. (216	696-4	4200

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation CORNELIA I HALLINAN PRESIDENT 2.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 GEORGE R IRELAND TREASURER 1.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 LUCY WELLER TRUSTEE 0.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 TESS IRELAND HALLINAN SECRETARY 0 0.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 TRUSTEE JAMES D IRELAND IV 0.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 KATHERINE I IRELAND TRUSTEE 0.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 LOUISE IRELAND TRUSTEE 0.00 1375 E NINTH ST SUITE 900 CLEVELAND, OH 44114 AUGUSTUS IRELAND TRUSTEE 0.00 1375 E NINTH ST SUITE 900

CLEVELAND, OH 44114

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
AMERICAN FOREIGN POLICY C	N/A	501(C)(3)	ISLAM PROJECT; CENTRAL ASIA-	10,000

509 C STREET NE WASHINGTON DC, DC 20002			CAUCASUS	
AMERICANS FOR OXFORD INC EXETER COLLEGE 500 FIFTH AVE 32ND FLOO	N/A	501(C)(3)	EXETER COLLEGE	5,000

EXETER COLLEGE 500 FIFTH AVE 32ND FLOO NEW YORK, NY 10110		301(0)(3)	EXELEK COLLEGE	3,000
BEACON HILL CIVIC ASSOCIA74 JOY ST	N/A	501(C)(3)	UNRESTRICTED OPERATING	2,500

NEW YORK, NY 10110				
BEACON HILL CIVIC ASSOCIA74 JOY ST BOSTON, MA 02114	N/A	()()	UNRESTRICTED OPERATING SUPPORT	2,500

1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
BEACON HILL VILLAGE INC74 JOY ST 3 BOSTON, MA 02114	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500

BOSTON, MA 02114			SUPPORT	
BRIGHAM AND WOMEN'S HOSPI 116 HUNTINGTON AVE 3RD BOSTON, MA 02116	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

116 HUNTINGTON AVE 3RD BOSTON, MA 02116	IV/A	301(0)(3)	SUPPORT	3,000
ART GARAGE DENVER6100 E 23 AVE	N/A	501(C)(3)	UNRESTRICTED OPERATING	2,500

BOSTON, MA 02116			30110101	_
ART GARAGE DENVER6100 E 23 AVE	N/A	501(C)(3)	UNRESTRICTED OPERATING	2,500

BUSTON, MA UZII6				I
ART GARAGE DENVER6100 E 23 AVE DENVER, CO 80207	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500

ART GARAGE DENVER6100 E 23 AVE	N/A	501(C)(3)	UNRESTRICTED OPERATING	2,50
DENVER, CO 80207			SUPPORT	

DENVER,CO 80207	.,	(-)(-)	SUPPORT	_,-

DENVER, CO 80207	SUPPORT	
Total	 ▶ 3a	1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

BROWN UNIVERSITY110 ELM STREET PROVIDENCE, RI 02903	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000
CALIFORNIA ACADEMY OF SCIENCES 55 MUSIC CONCOURSE DR SAN FRANCISCO, CA 94118	N/A		UNRESTRICTED OPERATING SUPPORT	5,000

SAN FRANCISCO, CA 94118			SOFFORT	
CARNEGIE MELLON UNIVERSITY 5000 FORGES AVE PITTSBURG, PA 15213	N/A	501(C)(3)	IRELAND FAMILY UNDERGRADUATE RESEARC	10,000

CARNEGIE MELLON UNIVERSITY 5000 FORGES AVE PITTSBURG, PA 15213	N/A	501(C)(3)	IRELAND FAMILY UNDERGRADUATE RESEARC	10,000
Total			▶ 3a	1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CASE WESTERN RESERVE UNIVERSITY 11075 EAST BLVD CLEVELAND, OH 44106	N/A	501(C)(3)	LAW SCHOOL ANNUAL FUND	5,000
CLEVELAND ANIMAL PROTECTIVE	N/A	501(C)(3)	UNRESTRICTED OPERATING	10,000

CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVE CLEVELAND, OH 44113	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,00

1729 WILLEY AVE CLEVELAND, OH 44113				
CLEVELAND CULTURAL GARDENS 10823 MAGNOLIA DR CLEVELAND. OH 44106	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000

1,100,166

CLEVELAND, OIT 44113				
CLEVELAND CULTURAL GARDENS 10823 MAGNOLIA DR CLEVELAND, OH 44106	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLEVELAND MUSEUM OF NATURAL L WELLER, TRUST 501(C)(3) UNRESTRICTED OPERATING 10,000 HISTORY SUPPORT 1 WADE OVAL DR CLEVELAND, OH 44106

COMPETITIVE ENTERPRISE INSTITUTE 1310 L STREET 7TH FLOOR WASHINGTON, DC 20005	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000
CONSERVANCY FOR CUYAHOGA VALLEY NAT 1403 WEST HINES HILL ROAD PENINSULA, OH 44264	N/A	501(C)(3)	ALL THE RIVERS RUN PROGRAM	5,000

▶ 3a

1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
DENVER ART MUSEUM 100 W 14TH AVE PKWY DENVER, CO 80204	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	15,000
DENVER BOTANICAL GARDEN 1007 YORK ST	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

1007 YORK ST DENVER, CO 80206		301(0)(3)	SUPPORT	3,000
DOMESTIC VIOLENCE AND CHILD ADVOC 11811 SHAKER BLVD 220 CLEVELAND, OH, 44120	N/A	501(C)(3)	GENERAL OPERATING SUPPORT	5,000

DENVER, CO 80206				
DOMESTIC VIOLENCE AND CHILD ADVOC 11811 SHAKER BLVD 220 CLEVELAND, OH 44120	N/A	501(C)(3)	GENERAL OPERATING SUPPORT	5,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
DOWNTOWN CLEVELAND ALLIANCE 1010 EUCLID AVE 3RD FL CLEVELAND. OH 44115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

LEVELAND, OH 44115				I
SPLANADE ASSOCIATION 76 BOYLSTON STREET UITE 503	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	
OCTON MA 03116				1

Total .

376 BOYLSTON STREET SUITE 503 BOSTON, MA 02116			SUPPORT	
FISHERS ISLAND COMMUNITY CENTER INC	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

5,000

1,100,166

За

BOSTON, MA 02116				
FISHERS ISLAND COMMUNITY CENTER INC 66 HOUND LANE	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

TISHERS ISLAND COMMUNITY CENTER NC 56 HOUND LANE	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,00
FISHERS ISLANF, NY 06390				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
FISHERS ISLAND CONSERVANCY INC	N/A	501(C)(3)	UNRESTRICTED OPERATING	2,500

FISHERS ISLAND, NY 06390			SOFFORT	
FOUNDATION CENTER 32 OLD SLIP 24TH FLOOR	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	

Total .

FOUNDATION CENTER 32 OLD SLIP 24TH FLOOR NEW YORK, NY 10005	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	3,500
FRIENDS OF THE PUBLIC GARDEN	N/A	501(C)(3)	UNRESTRICTED OPERATING	10,000

NEW YORK, NY 10005			SUPPORT	
FRIENDS OF THE PUBLIC GARDEN 69 BEACON STREET BOSTON. MA 02108	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000

FRIENDS OF THE PUBLIC GARDEN 69 BEACON STREET BOSTON, MA 02108	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,00
				1

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

L WELLER, TRUST

FUND FOR OUR ECONOMIC FUTURE

1360 F NINTH ST SUITE

601 ERIESIDE AVE

CLEVELAND, OH 44114

CLEVELAND, OH 44114			STITIOD (TIMO ECONOTT	
GIVEWELLORG182 HOWARD ST 208 SAN FRANCISCO, CA 94105	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
GREAT LAKE SCIENCE CENTER	N/A	501(C)(3)	UNRESTRICTED OPERATING	50,000

501(C)(3)

ECONOMIC DEVEL. &

SUPPORT

STIMULATING ECONOM

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50,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or cubetantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
HANDEL & HAYDN SOCIETY 9 HARCOURT ST BOSTON, MA 02115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
HARCOURT PARISH EPISCOPAL	N/A	501(C)(3)	PARISH MINISTRY TO KENYON	10,000

recipient

BOSTON, MA 02115				
HARCOURT PARISH EPISCOPAL CHURCH PO BOX 377 GAMBIER, OH 43022	N/A	501(C)(3)	PARISH MINISTRY TO KENYON STUDENTS	10,000

CHURCH PO BOX 377 GAMBIER, OH 43022			STUDENTS	
HAWKEN SCHOOL5000 CLUBSIDE RD	N/A	501(C)(3)	ENTREPRENEURIAL STUDIES	50,000

GAMBIER, OH 43022				
HAWKEN SCHOOL5000 CLUBSIDE RD LYNDHURST, OH 44124	N/A	501(C)(3)	ENTREPRENEURIAL STUDIES SEMESTER PRO	50,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

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1,100,166

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year				
HEAD START OF KNOX COUNTY PO BOX 1225 MOUNT VERNON, OH 43050	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
HEART AND HAND CENTER 2758 WELTON ST DENVER. CO 80205	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500

HEART AND HAND CENTER 2758 WELTON ST DENVER, CO 80205	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500
HENRY L FERGUSON MUSEUM PO BOX 554	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

2758 WELTON ST DENVER, CO 80205		301(0)(3)	SUPPORT	
HENRY L FERGUSON MUSEUM PO BOX 554 FISHERS ISLAND, NY 06390	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HOLDEN FOREST & GARDENS 9500 SPERRY RD	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

KIRTLAND, OH 44094				
ISABELLA STEWART GARDNER MUSEUM 208 THE FENWAY	N/A	501(C)(3)	SUPPORT DIGITAL ACTIVITIES	25,000
POCTON MA ASSISE				

208 THE FENWAY BOSTON, MA 02115	IN/A	301(C)(3)	SUPPORT DIGITAL ACTIVITIES	25,000
ISLAND HEALTH PROJECTPO BOX 344	N/A	501(C)(3)	UNRESTRICTED OPERATING	2,500

BOSTON, MA 02115				
ISLAND HEALTH PROJECTPO BOX 344 FISHERS ISLAND, NY 06390	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500

1,100,166

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ISLAND HEALTH PROJECTPO BOX 344 FISHERS ISLAND, NY 06390	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recinient

	Name and address (home or business)	or substantial contributor	resipient		
	a Paid during the year				
1	TOUNG HODKING HNIVEDGITY	N/A	E01(C)(2)	NANTING CENTER ANNUAL FUND	F 000

1740 MASSACHUSETTS AVE WASHINGTON DC, DC 20036		301(0)(3)	INAMING CENTER ANNOAL FORD	3,000
KENYON COLLEGECOLLEGE RELATIONS	N/A	501(C)(3)	PHILANDER CHASE	100,000

WASHINGTON DC, DC 20036				
KENYON COLLEGECOLLEGE RELATIONS GAMBIER, OH 43022	N/A	501(C)(3)	PHILANDER CHASE CONSERVANCY	100,000

GAMBIER, OH 43022	INA	301(0)(3)	CONSERVANCY	100,000
KENYON COLLEGE102 W WIGGIN ST KENYON, OH 43022	N/A	501(C)(3)	BROWN FAMILY ENVIRON. CENTER	10,000

KENYON COLLEGE102 W WIGGIN ST KENYON, OH 43022	N/A	501(C)(3)	BROWN FAMILY ENVIRON. CENTER	10,000
Total			▶ 3a	1,100,166

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient or contribution

Purpose of grant or contribution

LAKEVIEW CEMETERY FOUNDATION

Total .

N/A

12316 EUCLID AVE CLEVELAND, OH 44106			SUPPORT	
L A N D STUDIO1939 WEST 25TH ST SUITE 200	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	12,000

501(C)(3)

UNRESTRICTED OPERATING

■ 3a

5,000

CLEVELAND, OH 44113			SOFFORT	
LIFEACT29425 CHAGRIN BLVD CLEVELAND, OH 44122	N/A	()()	RECOGNIZING TEEN DEPRESSION AND PREV	6,666

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MAGNOLIA CLUBHOUSE 11101 MAGNOLIA DR CLEVELAND, OH 44106	L WELLERTRUST	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000
MCCLEAN HOSPITAL115 MILL ST	N/A	501(C)(3)	UNRESTRICTED OPERATING	5,000

MCCLEAN HOSPITAL115 MILL ST BELMONT, MA 02478	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
MUSEUM OF FINE ARTS BOSTON 465 HUNTINGTON AVE	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	20,000

MUSEUM OF FINE ARTS BOSTON 465 HUNTINGTON AVE BOSTON, MA 02115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	20,000
Total			▶ 3a	1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

MUSICAL ARTS ASSOCIATION 11001 EUCLID AVE CLEVELAND, OH 44106	N/A	501(C)(3)	ENDOWMENT FUND; GEN OPERT. SUPPORT	205,000
NAMI CLEVELAND2012 WEST 25TH ST	N/A	501(C)(3)	UNRESTRICTED OPERATING	5,000

SUITE 600 CLEVELAND, OH 44113		, , , ,	SUPPORT	
NANTUCKET CONSERVATION FOUNDATION PO BOX 13 118 CLIFF RD	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

NANTUCKET CONSERVATION FOUNDATION PO BOX 13 118 CLIFF RD NANTUCKET, MA 02554	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NATURE CENTER AT SHAKER LAKES 2600 SOUTH PARK BLVD CLEVELAND, OH 44120	N/A	501(C)(3)	ANNUAL FUND	5,000

3,000

				1
NEW DIRECTIONS-DOMESTIC ABUSE SHELT	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	
PO BOX 453				
MOUNT VERNON OH 43050				i

PO BOX 453 MOUNT VERNON, OH 43050			SUPPORT	
OHIO WESLEYAN UNIVERSIT 61 S SANDUSKEY ST	T IRELAND-BUSIN	501(C)(3)	CAMP OH-WOOO; ROSS ART MUSEUM	51,000

MOUNT VERNON, OH 43050				
OHIO WESLEYAN UNIVERSIT 61 S SANDUSKEY ST DELAWARE OH 43015	T IRELAND-BUSIN	501(C)(3)	CAMP OH-WOOO; ROSS ART MUSEUM	51,00

MOUNT VERNON, OH 43050				
OHIO WESLEYAN UNIVERSIT 61 S SANDUSKEY ST DELAWARE, OH 43015	T IRELAND-BUSIN	501(C)(3)	CAMP OH-WOOO; ROSS ART MUSEUM	51,000

OHIO WESLEYAN UNIVERSIT 61 S SANDUSKEY ST DELAWARE, OH 43015	501(C)(3)	MUSEUM	51,00
--	-----------	--------	-------

DELAWARE, OH 43015	11052511	
Total	 ▶ 3a	1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
OWL CREEK CONSERVANCYPO BOX 291	N/A	501(C)(3)	UNRESTRICTED OPERATING	5,000

MOUNT VERNON, OH 43050	1477	301(0)(0)	SUPPORT	3,000
PHILLIPS ACADEMY180 MAIN ST ANDOVER, MA 01810	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000

PHILLIPS ACADEMY180 MAIN ST ANDOVER, MA 01810	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000
PLANNED PARENTHOOD 3500 LORAIN AVE 400	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	15,000

PLANNED PARENTHOOD N/A 501(C)(3) UNRESTRICTED OPERATING 15,	5,000

3500 LORAIN AVE 400 CLEVELAND, OH 44113	N/A	501(C)(3)	SUPPORT	15,000
Total			> 3a	1,100,166

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Total.

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
PRETERM CLEVELAND INC 1200 SHAKER BLVD CLEVELAND OH 441201922	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

recipient

CLEVELAND, OH 441201922				
PROPRIETORS OF THE BOSTON ANTHENAEU 10 1/2 BEACON ST BOSTON, MA 02108	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

ANTHENAEU 10 1/2 BEACON ST BOSTON, MA 02108	IV/A	501(C)(3)	SUPPORT	3,000
QUIRE CLEVELAND33563 SENECA DR CLEVELAND, OH 44139	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	1,500

	BOSTON, MA 02108				
55.75.7	QUIRE CLEVELAND33563 SENECA DR CLEVELAND, OH 44139	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	1,500

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

REFUGEE RESPONSE4115 BRIDGE AVE CLEVELAND, OH 44113	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
SALVATION ARMY2507 E 22ND STREET	N/A	501(C)(3)	UNRESTRICTED OPERATING	10,000

SALVATION ARMY2507 E 22ND STREET CLEVELAND, OH 44115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,00
SAMAANTA FOUNDATION333 3RD STP2	N/A	501(C)(3)	EDUCATION IN NEPAL	5,00

CLEVELAND, OH 44115			SUPPORT	
SAMAANTA FOUNDATION333 3RD STP2 JERSEY CITY, NJ 07302	N/A	501(C)(3)	EDUCATION IN NEPAL	5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

3 /				
SAN FRANCISCO MUSEUM OF MODERN ART 151 3RD ST SAN FRANCISCO, CA 94103	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

SCIENTIFIC PLAYSPACE INITIATIVE 227 S MAIN ST MOUNT VERNON, OH 43050	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
SISTERS OF CHARITY HEALTH SYSTEM	N/A	501(C)(3)	GARDEN BOYZ-BUILDING	5,000

227 S MAIN ST MOUNT VERNON, OH 43050			SUPPORT	
SISTERS OF CHARITY HEALTH SYSTEM 2475 EAST 22ND ST CLEVELAND. OH 44115	N/A	501(C)(3)	GARDEN BOYZ-BUILDING HEALTHY COMM	5,000

<u>'</u>				
SISTERS OF CHARITY HEALTH SYSTEM 2475 EAST 22ND ST CLEVELAND, OH 44115	N/A	501(C)(3)	GARDEN BOYZ-BUILDING HEALTHY COMM	5,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
SMITH COLLEGE7 COLLEGE LANE NORTHAMPTON, MA 01063	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
SOCIETY FOR ECONOMIC GEOLOGISTS	G IRELAND TRUST	501(C)(3)	UNRESTRICTED OPERATING	10,000

recipient

SOCIETY FOR ECONOMIC GEOLOGISTS INC 7811 SHAFFER PARKWAY LITTLETON, CO 80127	G IRELAND TRUST	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,00

7811 SHAFFER PARKWAY LITTLETON, CO 80127				
SOUTH COAST CODE 3436 MAGAZINE 412 NEW ORLEANS LA 70115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

ETTTELTON, CO 00127				
SOUTH COAST CODE 3436 MAGAZINE 412 NEW ORLEANS, LA 70115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

Recipient If recipient is an individual, Purpose of grant or Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total.

a Falu during the year				
ST JOHN CHURCHPO BOX 505 FISHERS ISLAND, NY 06390	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

ST PAUL'S SCHOOL325 PLEASANT ST CONCORD, NH 03301	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000
	<u> </u>	·		

CONCORD, NH 03301		, , , ,	SUPPORT	•
SUMMER SEARCH500 COLUMBUS AVE	N/A	501(C)(3)	UNRESTRICTED OPERATING	5,000

SUMMER SEARCH500 COLUMBUS AVE JAMAICA PLAIN, MA 02130	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

1,100,166

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

▶ 3a

1,100,166

any foundation manager

or substantial contributor

Name and address (home or business)

BOSTON, MA 02127

Total .

	or substantial contributor			
a Paid during the year				
TALL TIMBERS RESEARCH STATION 13093 HENRY BEADEL DR TALLAHASSEE, FL 333120918	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	2,500
THE CHILDREN'S MUSEUM 3813 EUCLID AVE CLEVELAND, OH 44115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

THE CHILDREN'S MUSEUM 3813 EUCLID AVE CLEVELAND, OH 44115	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
THOMPSON ISLAND OUTWARD BOUND PO BOX 127	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
TRINITY CHURCH BOSTON	N/A	501(C)(3)	UNRESTRICTED OPERATING	5,000

BOSTON, MA 02116				
TRINITY BOSTON CONNECTS 206 CLAREDON ST BOSTON MA 02116	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,

l	TRINITY BOSTON CONNECTS 206 CLAREDON ST BOSTON, MA 02116	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
	TRUST FOR PUBLIC LAND 101 MONTGOMERY ST	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

	DOSTON, MA 02110				
	TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SUITE 900 SAN FRANCISCO, CA 94104	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000
ı	SANTRANCISCO, CA 54104				

TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SUITE 900 SAN FRANCISCO, CA 94104	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,00
Total			> 3a	1,100,166

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

/				
UNITED WAY COMM INVESTMENT KNOX CO 110 EAST HIGH ST MOUNT VERNON, OH 43050	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

UNIVERSITY CIRCLE INC 10831 MAGNOLIA DR CLEVELAND, OH 44106	L WELLER,TRUST	501(C)(3)	ENDOWMENT CAMPAIGN; UCI TRANSP. ACT	60,000
UNIVERSITY SCHOOL 2785 SOM CENTER RD	N/A	501(C)(3)	UNRESTRICTED OPERATING	5,000

1,100,166

CLEVELAND, OH 44106			TRANSF. ACT	
UNIVERSITY SCHOOL 2785 SOM CENTER RD HUNTING VALLEY, OH 44022	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WALSH PARK BENEVOLENT CORP N/A 501(C)(3) UNRESTRICTED OPERATING 10,000

PO BOX 684

FISHERS ISLAND, NY 06390				
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH. 44106	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

SUPPORT

Total			▶ За	1.100.166
PO BOX 314 NOVELTY, OH 44072				
CONSERVANCY			SUPPORT	
WESTERN RESERVE LAND	N/A	[501(C)(3)	UNRESTRICTED OPERATING	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
WHARTON GRADUATE SCHOOL 3451 WALNUT ST	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	5,000

PHILADELPHIA, PA 19104			SUPPORT	
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	K IRELAND-TRUST	501(C)(3)	CENTER DEVELOP ECON BLDING	20,00

			1	
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	K IRELAND-TRUST	501(C)(3)	CENTER DEVELOP ECON BLDING EXPAN	20,000
VALE LINEVERGITY DO BOY 3030	NI/A	E04 (C)(2)	LINDECTRICTED OPERATING	10.000

WILLIAMSTOWN, MA 01267	K IKELAND-IKOSI	301(C)(3)	EXPAN	20,000
YALE UNIVERSITYPO BOX 2038	N/A	501(C)(3)	UNRESTRICTED OPERATING	10,000

YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521	N/A	501(C)(3)	UNRESTRICTED OPERATING SUPPORT	10,00

1,100,166

efile GRAPHIC print - DO NOT PROCESS	As Filed D	Data -	D	LN: 93491315019270		
TY 2019 Accounting Fees Schedule						
Nam	e: ELIZABE	TH RING MATHER				
WILLIAM GWINN MATHER FUND						
EIN: 34-6519863						
Category A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
RSM	22,075	11,038		11,037		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491315019270 TY 2019 Explanation of Non-Filing with Attorney General Statement Name: ELIZABETH RING MATHER WILLIAM GWINN MATHER FUND **EIN:** 34-6519863 Statement: STATE OF OHIO NO LONGER REOUIRES A COPY OF FORM 990-PF TO BE SUBMITTED TO THE STATE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: ELIZABETH RING MATHER

WILLIAM GWINN MATHER FUND

EIN: 34-6519863

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
MADRONA VENTURE FUND		PURCHASE				4,434			-4,434	
BARINGS CORE PROPERTY FUND LP		PURCHASE			97,115				97,115	
U.S. TRUST		PURCHASE			152,550	159,615			-7,065	
U.S. TRUST		PURCHASE			1,643,605	1,978,800			-335,195	
MURPHY PAINTING		PURCHASE	2019-03		1,200	798		265	137	
BOOK SALES		PURCHASE	2019-05		281	4			277	
BOOK SALES		PURCHASE	2019-10		1,270	4			1,266	
PRIMUS CAPITAL V		PURCHASE			16				16	
PRIMUS CAPITAL VI		PURCHASE			6,412				6,412	
U.S. TRUST CAPITAL GAIN DISTRIBUTION		PURCHASE			66,811				66,811	

DLN: 93491315019270

erile GRAPHIC Print - DO NOT PROCESS AS Filed Data -	DLN: 35431515013270							
TY 2019 Investments Corporate Bonds Schedule								
Name: ELIZABETH RING MA	ΓHER							
WILLIAM GWINN MAT	THER FUND							

DIN. 02/01215010270

1,734,027

1,783,599

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EATON VANCE - 195,935.271 SHARES

EIN: 34-6519863		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book	End of Year Fair
	Value	Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315019270
TV 2010 Investments Corneral	a Stack School	dula

TY 2019 Investments Corporate Stock Schedule

Name: ELIZABETH RING MATHER

WILLIAM GWINN MATHER FUND

EIN: 34-6519863

22.11 31 0313003		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CREDIT SUISSE COM. FUND-0 SHARES		
ISH RUSSELL 2000 GRTH EFT - 3,450	420,567	739,059
VANGUARD 500 INDEX-ADMIRAL-11,237.42	1,751,380	3,350,326
BROWN ADVISORY SC GROWTH - 27107.664	450,784	599,057
HARDING LOEVNER FDS INC 102499.99	1,928,020	2,439,500
MFS VALUE FUND I - 35,868.974 SHARES	1,354,838	1,625,112
NATIXIS LOOMIS SAYLES GR Y - 90,251	1,127,239	1,655,209
VANGUARD MC VALUE INDEX - 22,142	921,842	1,368,154
OAKMARK INTL FUND-83,584 SHARES	1,934,557	2,082,923
VANGUARD EMERG. MKTS-48,408.170 SHAR	1,600,000	1,788,682

TY 2019 Investments - Land Schedule

DLN: 93491315019270

Name: ELIZABETH RING MATHER

WILLIAM GWINN MATHER FUND

ETN: 34-6519863

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

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EQUIPMENT

57,716 57,716 57,716 LAND, BUILDINGS, AND

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315019270		
TV 2019 Investments - Other Schedule				

Name: ELIZABETH RING MATHER

WILLIAM GWINN MATHER FUND

EIN: 34-6519863

LIN. 54 051.	5005		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BARINGS CORE PROPERTY FUND	FMV	921,623	1,424,154
SPDR GOLD-1,734 SHARES	FMV	255,562	290,087
INVESCO OPPENHEIMER STEELPATH-0 SHAR	FMV		
PRIMUS CAPITAL FUND V	FMV		41,945
PRIMUS CAPITAL FUND VI	FMV		41,620
JP MOR. ALERIAN MLP-40,577 SHARES	FMV	848,148	884,548
US OIL FUND-23,592 SHARES	FMV	288,530	302,214
VANECK VECT. AGRIBUS4,307 SHARES	FMV	285,102	296,020

efile GRAPHIC print - DO NOT PRO	CESS	As Filed Data	-	DLI	N: 93491315019270
TY 2019 Legal Fees Sche	dule				_
N	lame:	ELIZABETH	RING MATHER		
		WILLIAM GV	VINN MATHER FUN	ID	
	EIN:	34-6519863			
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SCHNEIDER SMELTZ SPIETH BELL		85,349	42,674		42,675

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315019270
TY 2019 Other Decreases Sch	edule		
Name:	ELIZABETH RI	NG MATHER	
	WILLIAM GWI	NN MATHER FUND	
EIN:	34-6519863		
De	escription		Amount
BOOK VS. TAX COST SALE OF INVEST.			346,671
BOOK VOL 17 IX COOT SALE OF INVESTI			340,071
NET BOOK VS TAX LIMITED PARTNERSH	IPS		63,304

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491315019270
TY 2019 Other Expenses Sche	dule :			
Name:	: ELIZABETH RING	G MATHER		
ı	WILLIAM GWIN	N MATHER FUND		
EIN:	34-6519863			
Other Expenses Schedule			<u>, </u>	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ATTORNEYS EXPENSES	403	201	i	202
INSURANCE	1,475	738		737
STATE OF OHIO FILING FEE	200			

OFFICE EXPENSE

effie GRAPHIC print - DO NOT PROCESS	AS FIIED Data -	DLN: 93491315019270
TY 2019 Other Income Schedu	le	
Name:	ELIZABETH RING MATHE	R

WILLIAM GWINN MATHER FUND

Other Income Schedule

ASIA CRABUTO SEINA DO NOT BROCESS

EIN: 34-6519863

18,896

DIN. 0240121E010270

Net Investment Income

18,896

Adjusted Net Income

Description

JP MORGAN ALERIAN MLP

Revenue And Expenses Per Books

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913150192	70		
TY 2019 Other Increases Schedule						
Name:	ELIZABETH RI	NG MATHER				
	WILLIAM GWI	NN MATHER FUND				
EIN:	34-6519863					
De	escription		Amount			
NON-TAXABLE DIVIDEND DISTRIBUTIONS			78,96	53		
UNRECONCILED DIFFERENCE			85	56		

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	- DLN: 93491315019270			
TY 2019 Other Professional Fees Schedule					
Name: ELIZABETH RING MATHER					
WILLIAM GWINN MATHER FUND					
EIN: 34-6519863					
Category	Amount	Net Investment	Adjusted Net	Disbursements	
	1	Income	Income	for Charitable	
<u> </u>			<u>'</u>	Purposes	
INNOVEST	43,955	21,977		21,978	
US TRUST INVESTMENT EXPENSES	906	906			

3,922

1,905

7,843

3,810

3,921

1,905

U.S. TRUST MANAGEMENT FEES

PWC UK LLP

efile GRAPHIC print - DO NOT PROCESS		As Filed Data	-	DLI	N: 93491315019270
TY 2019 Taxes Schedule					
Name: ELIZABETH RING MATHER					
WILLIAM GWINN MATHER FU			VINN MATHER FUN	ID	
EIN: 34-6519863					
Category Amount		Net Investment	Adjusted Net	Disbursements	
			Income	Income	for Charitable Purposes
FOREIGN TAX		15,590	15,590		
EXCISE TAX		10,500			

efile GRAPHIC print - Do	NOT PROCESS AS	s Filed Data -				DLN: 93491315019270		
Schedule B (Form 990, 990-EZ,	Schedule of Contributors					OMB No. 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	▶ Go	Attach to Form to to <u>www.irs.gov/Fo</u>		2019				
Name of the organization ELIZABETH RING MATHER WILLIAM GWINN MATHER	-UND				Employer id 34-6519863	lentification number		
Organization type (chec	k one):							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)() (en	501(c)() (enter number) organization						
	☐ 4947(a)(1) no	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political o	☐ 527 political organization						
Form 990-PF	✓ 501(c)(3) exe	✓ 501(c)(3) exempt private foundation						
	☐ 4947(a)(1) no	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxa	☐ 501(c)(3) taxable private foundation						
	ion filing Form 990, 990 property) from any one							
Special Rules								
under sections 50 received from any	on described in section 9(a)(1) and 170(b)(1)(A one contributor, during 1h, or (ii) Form 990-Ez	A)(vi), that checked g the year, total co	d Schedule A (Form 9 ntributions of the grea	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that		
during the year, to	on described in section otal contributions of mor ne prevention of cruelty	re than \$1,000 <i>exc</i>	clusively for religious,	charitable, scient				
during the year, o If this box is chec purpose. Don't co	on described in section contributions exclusively ked, enter here the tota mplete any of the parts le, etc., contributions to	for religious, char I contributions tha unless the Gener	itable, etc., purposes t were received during al Rule applies to this	, but no such con g the year for an o s organization be	tributions tota exclusively re cause it recei	aled more than \$1,000. Higious, charitable, etc.,		
Caution: An organization 990-EZ, or 990-PF), but i or on its Form 990PF, Pa 990-EZ, or 990-PF).	must answer "No" on	Part IV, line 2, of i	ts Form 990; or checl	k the box on line l	H of its Form			
For Paperwork Reduction Action Form 990, 990-EZ, or 990		ons	Cat. No. 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2019)		

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4		
	rganization H RING MATHER			Employer identification number		
WILLIAM G	GWINN MATHER FUND		34-6519863			
Part III	Exclusively religious, charitable, etc., contribution than \$1,000 for the year from any one contribute organizations completing Part III, enter the total the year. (Enter this information once. See instruuse duplicate copies of Part III if additional space is	r. Complete co of exclusively ictions.) ► \$	lumns <mark>(a)</mark> throu religious, charita	gh (e) and the following line entry. For		
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held		
				<u> </u>		
	Transferee's name, address, and ZIP 4	(e) Tran	sfer of gift Relat	ionship of transferor to transferee		
		_ _				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, and ZIP 4	(e) Tran	sfer of gift Relat	ionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(-) T	-ff:f4			
	Transferee's name, address, and ZIP 4	(e) Tran	sfer of gift Relat	nip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, and ZIP 4	(e) Tran	sfer of gift Relat	ionship of transferor to transferee		
			So	hedule B (Form 990, 990-EZ, or 990-PF) (2019)		