· 150				. , ',	1916	λ	
£ coort		Extended to Nove Exempt Organization Bus			7 110	,	
ℯ ὧ 990-"T	6	- }	OMB No 1545-0047				
•		(and proxy tax und	er se	ction 6033(e))			2040
•	For ca	lendar year 2019 or other tax year beginning		and ending		_	2019
Department of the Treasury		Go to www.irs.gov/Form990T for in				_ -	Open to Public Inspection for
Internal Revenue Service		Do not enter SSN numbers on this form as it may					501(c)(3) Organizations Only over identification number
A Check box if address changed		Name of organization (Check box if name of	nanged	and see instructions.)		(Empl	oyees' trust, see
B Exempt under section	Print	The George Gund Founda	tion	,			4-6519769
X 501(c)(3()	Or	Number, street, and room or suite no. If a P.O. bo					ited business activity code
408(e) 22 0(e)	Туре	45 Prospect Ave W, Gui	nstructions)				
408A 530(a)		City or town, state or province, country, and ZIP o					
529(a)		Cleveland, OH 44115	i luiciy	ii postai code		525	990
Book value of all assets		F Group exemption number (See instructions.)	<u> </u>			9 	
464,657,0	90.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust
		tion's unrelated trades or businesses.	1		the only (or first) uni		— — — — — — — — — — — — — — — — — — —
	_	ee Statement 20			complete Parts I-V.		than one.
		ce at the end of the previous sentence, complete Pa	rts I an		•		=
business, then complete	Parts III	-V.					
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶.[Ye	s X No
		tifying number of the parent corporation.					
		The George Gund Foundat	ion	Telepho	one number 🕨 (216) 241-3114
Part I Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	S		1		•		. /
b Less returns and allow	vances	c Balance	1c				
2 Cost of goods sold (S	chedule	A, line 7)	_2		,		./
3 Gross profit. Subtract	line 2 fr	om line 1c	3				
4a Capital gain net incom	•	•	4a	267.			<u>/ 267.</u>
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		`		
 Capital loss deduction 	for trus	* RECEIVED	4c				
5 Income (loss) from a	partners	hip of an S-c orporation (attach state ment)	5	-1,510.			-1,510.
6 Rent income (Schedul		Scheller 25 2020 S	6				
7 Unrelated debt-finance		70 40 5000 27 2 2 2 2 2 4 1 1	7				
8 Interest, annuities, roy	alties, a	nd rents from a controlled organization schedule F)	8		/		
9 Investment income of	a section	n 501(00)(29), PEN) organization (Schedule G)	9				
10 Exploited exempt activ	/ity inco	me (Schedule I)	10			∤	
11 Advertising income (S		•	11				
12 Other income (See ins			12	1 242			
Part II Deduction			13				-1,243.
		t Taken Elsewhere (See instructions for the directly connected with the unrelated busin					
	····		633 1110			T	
	cers, an	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and maintena	ance					16	
17 Bad debts	dl\ /					17	
18 Interest (attach sched	dule) (se	ee instructions)				18	
19 Taxes and licenses	F 45	200		Land		19	
20 Depreciation (attach l		· •		20	 		
	imea on	Schedule A and elsewhere on return		21a		21b	
22 Depletion						22	
23 Contributions to defe		ppensation plans			ŀ	23	
24 Employee benefit pro	/	And to D			ŀ	24	
25 Excess exempt experi						25	
26 Excess readership co		X/ \	1	000 01-1	omont 31	26	1 025
27 Other deductions (att			,	See Stat	ement 71	27	1,935.
28 Total deductions. Ac					}	28	1,935.
		come before net operating less deduction. Subtract			ł	29	-3,178.
/	erating l	oss arising in tax years beginning on or after Januai	ry 1, 20	18	4		^
(see instructions)		Coharatha 20 fee o Lee 22				80	0.
		come. Subtract line 30 from line 29			\ 	31	-3,178.
923701 01-27-20 LHA F0	r Paper	work Reduction Act Notice, see instructions.			\cdot	-	Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	itory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of y	ear		6
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6	
3 Cost of labor	3		from line 5. Enter he			
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	on 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced o	r acquired	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	-		
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	d With Real Prope	erty)
1. Description of property						
(1)						
(2)						· · · · · · · · · · · · · · · · · · ·
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for p	ind personal property (if the percentersonal property exceeds 50% or int is based on profit or income)	itage f	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Totel		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)	.		
			Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance	od property
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)	-	•				
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	edjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	▶ L	0.	0.
Total dividends-received deductions in	ncluded in column	n 8				0.

Schedule F - Interest,	Annuitie	es, Royai	ties, an		Controlled O			tion	S (see in:	structio	ns)	
Name of controlled organizat	tion	2. Em Identifi num	cation	3. Net uni	related income e instructions)	4. Tot	tal of specified ments made 5. Part of colum included in the corganization's gro		ded in the cont	ontrolling connected w		income
(1)												
(2)		İ										_
(3)												
(4)						I						
Nonexempt Controlled Organi	zations									,		
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payi made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orga s income	nization's	11. c	eductions directly o th income in column	onnected 1 10
(1)												
(2)			-									
(3)					•							
(4)					_							
			`				Add colum Enter here and line 8, c		e 1, Part I,		Add columns 6 and here and on page 1 line 8, column (B)	
Totals						•	····		0.	<u> </u>		0.
Schedule G - Investme	nt Incor	me of a S	Section	501(c)(7	7), (9), or (17) Org	janization					
(see inst	ructions)								,			
1. Desc	ription of inco	ome			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set- (attach s	asides schedule)	 Total de and set- (col 3 plu 	asides
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and Part I, line 9, co	
Totals				<u> </u>		0.						0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly c with pro of unr	penses onnected oduction elated s income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or llumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses able to mn 5	7. Excess expenses (c 6 minus col but not mo column	column lumn 5, re than
(1)					ļ. — <u> </u>	i			-			
(2)						 			 		+	
(3)											Ì	
(4)	İ		•			*						
	page 1	re and on I, Part I, col (A)	Enter her page 1 line 10,						•		Enter here on page Part II, lin	e 1,
Totals -	<u> </u>	0.		0.								0.
Schedule J - Advertisir			nstruction	-,								
Part I Income From I	Periodic	als Repo	orted or	n a Cons	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct artising costs	4. Advert or (loss) (co col 3) If a go cols 5 th	ain, compute	5. Circulat	ion	6. Read cost		7. Excess rea costs (column to column 5, but no than column	6 minus not more
(1)												
(2)					_						_	
(3)					_						j	•
(4)					ļ						.*3	: <u></u>
Totals (carry to Part II, line (5))	•		0.	0	•							0.

Total. Enter here and on page 1, Part II, line 14

Torri 300 (2013) THE GCOL			B.77			031370	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part II Income From Peri	•	_	Irate Basis (For ea	ch periodical l	sted in Pa	art II, fill in	
columns 2 through 7 on	a line-by-line basis.)						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)						-	
(4)					İ		
Totals from Part I	0.	0	•		•		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	7.		•	•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0	. l		• .	\mathcal{U}	0.
Schedule K - Compensation	on of Officers, D	Directors, an	d Trustees (see in	structions)			
1. Name			2. Title	time o	ercent of devoted to siness		ensation attributable related business
(1)					%	>	
(2)			-		%	,	
(3)					%		

Form **990-T** (2019)

0.

SCHEDULE D , (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

res X No
- (loss) Subtract
r (loss) Subtract om column (d) and asult with column (g)
267.
)
267.
r (loss) Subtract om column (d) and sult with column (g)
om column (d) and
om column (d) and
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om column (d) and
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om column (d) and
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m column (d) and sult with column (g)
m column (d) and sult with column (g)

LHA

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2019

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

The George Gund Foundation 34-6519769 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. nore short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (b) (h) Proceeds loss. If you enter an amount Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example 100 sh XYZ Co.) (Mo, day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) in Code(s) the instructions with column (g) adjustment Net gain from NEO Capital K-1 - UBIT 267. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D. line 1b (if Box A above is checked). line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

267.

above is checked), or line 3 (if Box C above is checked)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990-PF ► Attach to your tax return.

OMB No 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

_	e George Gund Founda					PF Page			34-6519769
Pa	rt Election To Expense Certain Propert	ty Under Section 17	79 Note: If yo	ou have any lis	sted property	, complete Pa	rt V be	efore y	
	Maximum amount (see instructions)							1	1,020,000.
2 7	Total cost of section 179 property place	d in service (see	instructions)	!				2	
3 7	Threshold cost of section 179 property t	before reduction	ın lımıtatıon					3	2,550,000.
4 F	Reduction in limitation. Subtract line 3 fr	rom line 2. If zero	or less, ente	ar -0-				4	
5 0	Dollar limitation for tax year Subtract line 4 from line 1		-0- If married filin	1		T		5	
6	(a) Description of proj	perty		(b) Cost (busine	ass use only)	(c) Electe	d cost		
		 		 					ļ
				 		 -			. بر
				 					
-	Control property Enter the amount from	! * 00			$\overline{}$				}
	Listed property Enter the amount from I		- :- column (c	-\ lac £ and '	<u></u>				-
	Total elected cost of section 179 proper Tentative deduction Enter the smaller of	•	,	i), lines o anu i	,			9	
	Carryover of disallowed deduction from			6 9				10	
	Business income limitation. Enter the sm	-			a) or line 5			11	
	Section 179 expense deduction Add line		•		•			12	
	Carryover of disallowed deduction to 20	•			▶ 13				
	e: Don't use Part II or Part III below for I								ı
	rt II Special Depreciation Allowan				e listed prop	erty.)			
14 8	Special depreciation allowance for qualit								
	the tax year			. ,		•		14	
15 F	Property subject to section 168(f)(1) elec	etion						15	
	Other depreciation (including ACRS)							16	8,130.
Pai	rt III MACRS Depreciation (Don't I	include listed pro	perty See in	istructions)					
			Se	ection A					
17 N	MACRS deductions for assets placed in	service in tax ye	ars beginning	g before 2019		_	_	17	26,721.
18 H	f you are electing to group any assets placed in service					<u> </u>			
	Section B - Assets F	T	, <u> </u>		Ising the Ge	neral Deprec	iation	Syste	·m I
	(a) Classification of property	(b) Month and year placed in service	(business/in	or depreciation nvestment use instructions)	(d) Recovery period	y (e) Convention	on (f) N	Method	(g) Depreciation deduction
<u>19a</u>	3-year property	ļ!	<u> </u>						
<u>b</u>	5-year property			3,693.	5 Yrs		_	0DB	
<u> </u>	7-year property	ļ	<u> </u>	20,500.	7 Yrs	. HY	120	0DB	2,928.
<u>d</u>	10-year property	ļ	 				$+\!\!\!\!-$		
<u>e</u>	15-year property		 				┼		
f	20-year property	 	 		25		+		
	25-year property	 	 		25 yrs	1444	\rightarrow	S/L	
h	Residential rental property	 ' '	 		27.5 yrs			S/L	
		03 /19	 	10,000.	27.5 yrs			S/L	203.
i	Nonresidential real property	(3 /13	 	10,000.	39 yrs.	MM MM	_	S/L S/L	200.
_	Section C - Assets Pla	laced in Service	During 2019	Tax Year Us	ing the Alte				tem
20a	Class life		<u> </u>				$\overline{}$	S/L	
b	12-year				12 yrs			S/L	
С	30-year	/			30 yrs	MM	\perp :	S/L	
d	40-year	/			40 yrs	MM	\prod_{i}	S/L	
Par	rt IV Summary (See instructions.)								
21 L	isted property Enter amount from line 2	28						21	
22 T	Total. Add amounts from line 12, lines 14	4 through 17, line	es 19 and 20) ın column (g).	, and line 21.				
	Enter here and on the appropriate lines o	•	-	•	ons - see ins	tr		22	38,721.
	For assets shown above and placed in se	•	current year	r, enter the					
	portion of the basis attributable to section	an 263A coete			23	i			i

The George Gund Foundation 34-6519769 Page 2 Form 4562 (2019) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (b) (c) (i) (e) (a) (h) (a) Type of property (d) Date Business/ Basis for depreciation Elected Method/ Recovery Depreciation Cost or placed in investment section 179 (list vehicles first) other basis Convention deduction period use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use % S/L -% S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes Yes Yes Yes No No Yes No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

<u> </u>	'art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
<u>42</u>	Amortization of costs that begins durin	g your 2019 tax year				
	·					
			 -			
43	Amortization of costs that began before	43				
44	Total. Add amounts in column (f). See	44				

		
Form 990-T	Description of Organization's Primary Unre	elated Statement 20
	Business Activity	

Investments from Pass-through Entity

To Form 990-T, Page 1

Form 990-T	Other Deductions	Statement 21
Description		Amount
Deductions from NEO Capital	K-1 - UBIT	1,935.
Total to Form 990-T, Page 1,	line 27	1,935.