

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
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**2020**

**Open to Public Inspection**

For calendar year **2020** or tax year beginning , **2020**, and ending , **20**

Name of foundation <b>JOHN P. MURPHY FOUNDATION</b>		<b>A Employer identification number</b> 34-6528308
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see instructions)</b>  (216) 623-4770
1660 WEST 2ND ST., SUITE 800		
City or town, state or province, country, and ZIP or foreign postal code <b>CLEVELAND, OH 44113-1461</b>		<b>C</b> If exemption application is pending, check here. . . . . <input type="checkbox"/>
<b>G</b> Check all that apply:	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change	<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		<b>D</b> 1. Foreign organizations, check here. . . . . <input type="checkbox"/>
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 57,374,482.		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here. ▶ <input type="checkbox"/>
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <b>MODIFIED CASH</b>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶ <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) . . . . .				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .				
	<b>4</b> Dividends and interest from securities . . . . .	1,171,548.	1,171,548.		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) . . . . .				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .	756,662.			
	<b>b</b> Gross sales price for all assets on line 6a 12,530,884 . . . . .				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		756,662.		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances . . . . .				
<b>b</b> Less: Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) <u>ATCH 1</u> . . . . .	3,068.	2,680.			
<b>12</b> <b>Total.</b> Add lines 1 through 11 . . . . .	1,931,278.	1,930,890.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. . . . .	729,599.	91,305.		641,924.
	<b>14</b> Other employee salaries and wages . . . . .	167,961.			167,961.
	<b>15</b> Pension plans, employee benefits . . . . .	68,569.	958.		67,611.
	<b>16a</b> Legal fees (attach schedule) <u>ATCH 2</u> . . . . .	3,140.			3,140.
	<b>b</b> Accounting fees (attach schedule) <u>ATCH 3</u> . . . . .	80,520.	40,260.		40,260.
	<b>c</b> Other professional fees (attach schedule) <u>[4]</u> . . . . .	131,957.	131,957.		
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) <u>[5]</u> . . . . .	24,746.	1,605.		
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .	17,180.			
	<b>20</b> Occupancy . . . . .	57,452.			57,452.
	<b>21</b> Travel, conferences, and meetings . . . . .	3,630.			3,630.
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule) <u>ATCH 6</u> . . . . .	-98,373.			-98,373.
	<b>24</b> <b>Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	1,186,381.	266,085.		883,605.
	<b>25</b> Contributions, gifts, grants paid . . . . .	2,113,000.			2,113,000.
<b>26</b> <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	3,299,381.	266,085.	0.	2,996,605.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements . . . . .	-1,368,103.				
<b>b</b> <b>Net investment income</b> (if negative, enter -0-) . . . . .		1,664,805.			
<b>c</b> <b>Adjusted net income</b> (if negative, enter -0-) . . . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing . . . . .	634,694.	867,829.	867,829.
	2	Savings and temporary cash investments . . . . .	457,312.	786,067.	786,067.
	3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	60,099.	105,575.	105,575.
	10a	Investments - U.S. and state government obligations (attach schedule), . .			
	b	Investments - corporate stock (attach schedule) ATCH 7 . . . . .	39,168,406.	38,201,488.	38,201,488.
	c	Investments - corporate bonds (attach schedule) ATCH 8 . . . . .	12,380,673.	14,594,915.	14,594,915.
	11	Investments - land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12	Investments - mortgage loans . . . . .			
	13	Investments - other (attach schedule) . . . . . ATCH 9 . . . . .	1,618,660.	2,646,869.	2,646,869.
	14	Land, buildings, and equipment: basis ▶ _____ 345,296. Less: accumulated depreciation (attach schedule) ▶ _____ 213,088.	144,183.	132,208.	132,208.
15	Other assets (describe ▶ _____ ATCH 10 )	39,531.	39,531.	39,531.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	54,503,558.	57,374,482.	57,374,482.	
Liabilities	17	Accounts payable and accrued expenses . . . . .		62.	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons, . .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____ )			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0.	62.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29, and 30.				
	24	Net assets without donor restrictions . . . . .			
	25	Net assets with donor restrictions . . . . .			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds . . . . .	54,503,558.	57,374,420.	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	28	Retained earnings, accumulated income, endowment, or other funds . .			
29	<b>Total net assets or fund balances</b> (see instructions) . . . . .	54,503,558.	57,374,420.		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	54,503,558.	57,374,482.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return), . . . . .	1	54,503,558.
2	Enter amount from Part I, line 27a . . . . .	2	-1,368,103.
3	Other increases not included in line 2 (itemize) ▶ ATCH 11	3	4,238,965.
4	Add lines 1, 2, and 3 . . . . .	4	57,374,420.
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29 . . . .	6	57,374,420.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> SEE PART IV SCHEDULE						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
<b>a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.						
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
<b>a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>2</b>	Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$		<b>2</b>	756,662.		
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		<b>3</b>	0.		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

<b>1</b> Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
<b>2</b> Reserved			<b>2</b>
<b>3</b> Reserved			<b>3</b>
<b>4</b> Reserved			<b>4</b>
<b>5</b> Reserved			<b>5</b>
<b>6</b> Reserved			<b>6</b>
<b>7</b> Reserved			<b>7</b>
<b>8</b> Reserved			<b>8</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. . . . Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		
<b>b</b>	Reserved . . . . .	<b>1</b>	23,141.
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) . . . . .		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	23,141.
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	0.
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	23,141.
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020 . . . . .	<b>6a</b>	127,599.
<b>b</b>	Exempt foreign organizations - tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868), . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d . . . . .	<b>7</b>	127,599.
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	104,458.
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> ▶ 104,458. <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ OH, _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation . . . . .	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV. . . . .		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . . 11 X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . . 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address HTTPS://WWW.MURPHYKULAS.ORG/ 13 X
14 The books are in care of RICHARD J. CLARK Telephone no. 216-623-4770 Located at 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH ZIP+4 44113-1461
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here . . . . . 15
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16 X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . 1b X
Organizations relying on a current notice regarding disaster assistance, check here . . . . .
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . . 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? . . . . . Yes No X No
If "Yes," list the years . . . . .
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) . . . . . 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. . . . .
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . Yes No X No
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) . . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? . . . . . 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b> During the year, did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.					<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here						<input type="checkbox"/>
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.					<b>6b</b>	X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?					<b>7b</b>	
<b>8</b> Is the foundation 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 12		704,142.	25,457.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000.** ▶

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATCH 13		120,920.

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 NONE	
2	
3 All other program-related investments. See instructions. NONE	
Total. Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	47,845,246.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	49,459.
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,646,869.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	50,541,574.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	50,541,574.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	758,124.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	49,783,450.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	2,489,173.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	2,489,173.
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5 . . . . .	<b>2a</b>	23,141.
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	23,141.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	2,466,032.
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	2,466,032.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,466,032.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,996,605.
<b>b</b>	Program-related investments - total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	2,996,605.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	2,996,605.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7 . . . . .				2,466,032.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only. . . . .				
b Total for prior years: 20 18, 20 17, 20 16 . . . . .				
3 Excess distributions carryover, if any, to 2020:				
a From 2015 . . . . .				874,782.
b From 2016 . . . . .				
c From 2017 . . . . .				639,410.
d From 2018 . . . . .				687,682.
e From 2019 . . . . .				318,433.
f Total of lines 3a through e . . . . .	2,520,307.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 2,996,605.				
a Applied to 2019, 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) . . . . .				
d Applied to 2020 distributable amount. . . . .				2,466,032.
e Remaining amount distributed out of corpus. . . . .	530,573.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	3,050,880.			
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 2019. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021. . . . .				
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 2015 not applied on line 5 or line 7 (see instructions) . . . . .	874,782.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . . . .	2,176,098.			
10 Analysis of line 9:				
a Excess from 2016 . . . . .				
b Excess from 2017 . . . . .				639,410.
c Excess from 2018 . . . . .				687,682.
d Excess from 2019 . . . . .				318,433.
e Excess from 2020 . . . . .				530,573.

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling . . . . . ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon: . . . . .					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

ATCH 14

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i></p> <p>ATCH 15</p>				
<b>Total</b> .....				<b>▶ 3a</b> 2,113,000.
<p><b>b</b> <i>Approved for future payment</i></p>				
<b>Total</b> .....				<b>▶ 3b</b>





## FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
12,429,754		MARKETABLE SECURITIES PROPERTY TYPE: SECURITIES 11,673,092				P	756,662.	
TOTAL GAIN(LOSS) .....							756,662.	

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
CLASS ACTION SETTLEMENT	2,384.	2,384.
REIMBURSEMENT OF TAX PENALTY	388.	
WORKERS COMPENSATION DIVIDEND	296.	296.
TOTALS	<u>3,068.</u>	<u>2,680.</u>

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
BAKER & HOSTETLER LLP	3,140.			3,140.
TOTALS	<u>3,140.</u>			<u>3,140.</u>

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LOU GRASSO	50,920.	25,460.		25,460.
BDO USA LLP	29,600.	14,800.		14,800.
TOTALS	<u>80,520.</u>	<u>40,260.</u>		<u>40,260.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
NBC DIRECT	20,601.	20,601.
TIFF	6,165.	6,165.
BRANDYWINE	73.	73.
COLUMBUS	19,451.	19,451.
LTD MAT HYBRID	2,114.	2,114.
HARTLAND	70,000.	70,000.
BLACK DIAMOND	13,553.	13,553.
TOTALS	<u>131,957.</u>	<u>131,957.</u>

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
FOREIGN TAXES	1,605.	1,605.
FEDERAL EXCISE TAXES	23,141.	
TOTALS	<u>24,746.</u>	<u>1,605.</u>

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
INSURANCE	1,745.	1,745.
OFFICE EXPENSE	81,968.	81,968.
EVENTS	-15,000.	-15,000.
DUES AND MEMBERSHIPS	5,122.	5,122.
COST SHARE REIMBURSEMENT	-172,208.	-172,208.
TOTALS	<u>-98,373.</u>	<u>-98,373.</u>

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
CORPORATE STOCKS - PNC DIR COS	35,489,266.	35,489,266.
CORPORATE STOCKS - COLUMBUS	2,712,222.	2,712,222.
TOTALS	<u>38,201,488.</u>	<u>38,201,488.</u>

ATTACHMENT 8FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
CORPORATE BONDS - PNC-DIRECTED	12,509,184.	12,509,184.
CORPORATE BONDS - PNC-LTD MAT	2,085,731.	2,085,731.
TOTALS	<u>14,594,915.</u>	<u>14,594,915.</u>

FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
TIFF PARTNERS III	13,341.	13,341.
TIFF PARTNERS IV	3,999.	3,999.
TIFF EQUITY PARTNERS 2006	24,825.	24,825.
EARLY STAGE PARTNERS, L.P.	50,055.	50,055.
TIFF REALTY AND RESOURCES III	55,057.	55,057.
BLACK DIAMOND	2,499,592.	2,499,592.
TOTALS	<u>2,646,869.</u>	<u>2,646,869.</u>

ATTACHMENT 10FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ACCRUED INCOME	29,041.	29,041.
SECURITY DEPOSIT	8,379.	8,379.
OTHER ASSETS	2,111.	2,111.
TOTALS	<u>39,531.</u>	<u>39,531.</u>

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENT	4,238,965.
TOTAL	<u>4,238,965.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 12

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
PATRICIA BROWNELL 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
RICHARD J. CLARK 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	EVP/SEC/TRUSTEE 20.00	249,186.	25,457.	0.
NANCY MCCANN 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	PRES/TREAS/TRUSTEE 20.00	299,956.	0.	0.
JOHN F. O'BRIEN 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
LESLIE RESNIK 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
FREDERICK G. STUEBER 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
	GRAND TOTALS	<u>704,142.</u>	<u>25,457.</u>	<u>0.</u>

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 13

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
CLEARSTEAD 1100 SUPERIOR AVENUE EAST, SUITE 700 CLEVELAND, OH 44114 INVESTMENT SERVICES	INVESTMENT SERVICES	70,000.
LOU GRASSO 3701 CASE RD AVON, OH 44011	ACCOUNTING	50,920.
	TOTAL COMPENSATION	<u>120,920.</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

NANCY W. MCCANN, PRESIDENT  
1660 WEST 2ND ST., SUITE 800  
CLEVELAND, OH 44113-1461  
216-623-4770

FORM IN WHICH APPLICATION SHOULD BE SUBMITTED AND INFORMATION THEY SHOULD INCLUDE:

APPLICANTS MUST SUBMIT 6 COPIES OF GRANT APPLICATION, COPIES OF TAX-EXEMPT CERTIFICATES & LETTERS FROM THE TREASURY DEPT CERTIFYING THAT THE APPLICANT IS A PUBLICLY SUPPORTED TAX EXEMPT ORGANIZATION, NOT A PRIVATE FOUNDATION.

SUBMISSION DEADLINES:

TRUSTEES MEET, USUALLY QUARTERLY, TO CONSIDER GRANT APPLICATIONS.

RESTRICTIONS OR LIMITATIONS ON AWARDS:

JOHN P. MURPHY FOUNDATION CONFINES ITS GRANTS PRIMARILY TO COMMUNITY EDUCATIONAL, ARTS, HEALTH, SOCIAL SERVICE AND RELIGIOUS INSTITUTIONS IN THE GREATER CLEVELAND AREA.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308	NONE PC	PROGRAMMATIC SUPPORT	5,000.
APOLLO'S FIRE-CLEVELAND BAROQUE ORCHESTRA 3091 MAYFIELD RD CLEVELAND HEIGHTS, OH 44118	NONE PC	PROGRAMMATIC SUPPORT	25,000.
ARTS CLEVELAND 1900 SUPERIOR AVE E, SUITE 130 CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	15,000.
BECK CENTER FOR THE ARTS 17801 DETROIT AVE LAKEWOOD, OH 44107	NONE PC	PROGRAMMATIC SUPPORT	20,000.
BLUEWATER CHAMBER ORCHESTRA 3631 PERKINS AVENUE SUITE 4C NORTH CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	7,500.
BOYS HOPE GIRLS HOPE 9619 GARFIELD BOULEVARD GARFIELD HEIGHTS, OH 44125	NONE PC	PROGRAMMATIC SUPPORT	20,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CENTER FOR ARTS-INSPIRED LEARNING 13110 SHAKER SQUARE CLEVELAND, OH 44120	NONE PC	PROGRAMMATIC SUPPORT	5,000.
CHAGRIN DOCUMENTARY FILM FESTIVAL 49 WEST ORANGE ST. #2 CHAGRIN FALLS, OH 44022	NONE PC	PROGRAMMATIC SUPPORT	1,000.
CHAMBER FEST CLEVELAND 20620 JOHN CARROLL BLVD., SUITE #217 CLEVELAND, OH 44118	NONE PC	PROGRAMMATIC SUPPORT	5,000.
CITYMUSIC CLEVELAND PO BOX 1930 CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	5,000.
CLEVELAND BALLET 23030 MILES ROAD CLEVELAND, OH 44128	NONE PC	PROGRAMMATIC SUPPORT	43,500.
CLEVELAND CLINIC FOUNDATION 95400 EUCLID AVE CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	3,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CLEVELAND COUNCIL ON WORLD AFFAIRS 812 HURON ROAD NO 620 CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	5,000.
CLEVELAND INSTITUTE OF ART 11610 EUCLID AVE CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	5,000.
CLEVELAND INSTITUTE OF MUSIC 11021 EAST BLVD CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	25,000.
CLEVELAND JAZZ ORCHESTRA 1501 EUCLID AVE CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	5,000.
CLEVELAND MODERN DANCE ASSOCIATION 13110 SHAKER BLVD CLEVELAND, OH 44120	NONE PC	PROGRAMMATIC SUPPORT	12,000.
CLEVELAND MUSEUM OF ART 11150 EAST BLVD CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	39,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DR CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	100,000.
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DR CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	25,000.
CLEVELAND PLAY HOUSE BULKLEY BUILDING, 1501 EUCLID AVE #200 CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	15,000.
CLEVELAND PUBLIC THEATRE 6415 DETROIT ROAD CLEVELAND, OH 44102	NONE PC	PROGRAMMATIC SUPPORT	16,000.
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVE CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	37,500.
CLEVELAND SCHOOL OF ARTS BD. OF TRUSTEES P.O. BOX 18265 CLEVELAND, OH 44118-0265	NONE PC	PROGRAMMATIC SUPPORT	15,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CLEVELAND SOCIETY FOR THE BLIND 1909 EAST 101ST STREET CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	10,000.
CLEVELAND STATE UNIVERSITY FOUNDATION 2121 EUCLID AVE CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	10,000.
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 44109	NONE PC	PROGRAMMATIC SUPPORT	35,000.
COLLEGE NOW GREATER CLEVELAND TOWER CITY CENTER, 50 PUBLIC SQUARE #1800 CLEVELAND, OH 44113	NONE PC	PROGRAMMATIC SUPPORT	15,000.
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 2900 COMMUNITY COLLEGE AVENUE CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	75,000.
DOWNTOWN CLEVELAND ALLIANCE 1010 EUCLID AVE CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	25,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
DUNHAM TAVERN MUSEUM 6709 EUCLID AVE CLEVELAND, OH 44103	NONE PC	PROGRAMMATIC SUPPORT	1,000.
FAIRHILL PARTNERS 1220 FAIRHILL RD CLEVELAND, OH 44120	NONE PC	PROGRAMMATIC SUPPORT	1,500.
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVE 3103A CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	4,000.
GREAT LAKES THEATER FESTIVAL 1501 EUCLID AVE, STE 300 CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	61,000.
GREATER CLEVELAND FILM COMMISSION 1333 LAKESIDE AVENUE EAST CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	5,000.
GREATER CLEVELAND VOLUNTEERS 4415 EUCLID AVENUE NO 200 CLEVELAND, OH 44103	NONE PC	PROGRAMMATIC SUPPORT	6,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
GROUNDWORKS DANCE THEATER 13125 SHAKER SQUARE CLEVELAND, OH 44120	NONE PC	PROGRAMMATIC SUPPORT	17,000.
IDEASTREAM 1375 EUCLID AVE CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	43,000.
KARAMU HOUSE 2355 EAST 89TH STREET CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	7,500.
KENT STATE UNIVERSITY FOUNDATION 800 E SUMMIT ST KENT, OH 44240	NONE PC	PROGRAMMATIC SUPPORT	61,000.
KOL ISRAEL FOUNDATION 3681 GREEN ROAD SUITE 306 BEACHWOOD, OH 44122	NONE PC	PROGRAMMATIC SUPPORT	1,000.
LAKE VIEW CEMETERY FOUNDATION 12316 EUCLID AVENUE CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	2,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
LAND STUDIO 1939 WEST 25TH STREET NO 200 CLEVELAND, OH 44113	NONE PC	PROGRAMMATIC SUPPORT	20,000.
MAGNIFICAT HIGH SCHOOL 20770 HILLIARD BLVD. ROCKY RIVER, OH 44116	NONE PC	PROGRAMMATIC SUPPORT	30,000.
MALTZ MUSEUM OF JEWISH HERITAGE 2929 RICHMOND RD. BEACHWOOD, OH 44122	NONE PC	PROGRAMMATIC SUPPORT	20,000.
MANDEL JEWISH COMMUNITY CTR OF CLEVELAND 520 8TH AVENUE NEW YORK, NY 10018	NONE PC	PROGRAMMATIC SUPPORT	5,000.
MORGAN ART OF PAPER MAKING CONSERVATORY 1754 EAST 47TH STREET CLEVELAND, OH 44103	NONE PC	PROGRAMMATIC SUPPORT	1,000.
MUSEUM OF CONTEMPORARY ART CLEVELAND 11400 EUCLID AVE CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	51,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
MUSICAL ARTS ASSOCIATION 11001 EUCLID AVENUE CLEVELAND, OH 10115	NONE PC	PROGRAMMATIC SUPPORT	3,000.
NATIONAL COUNCIL OF JEWISH WOMEN 475 RIVERSIDE DRIVE, SUITE 1901 NEW YORK, NY 44102	NONE PC	PROGRAMMATIC SUPPORT	6,000.
NEAR WEST THEATRE 6702 DETROIT AVE CLEVELAND, OH 44120	NONE PC	PROGRAMMATIC SUPPORT	10,000.
NORTH UNION FARMERS MARKET 13111 SHAKER SQUARE, SUITE 301 CLEVELAND, OH 43215	NONE PC	PROGRAMMATIC SUPPORT	2,500.
PHILANTHROPY OHIO 37 WEST BROAD ST, STE 800 COLUMBUS, OH 44122	NONE PC	PROGRAMMATIC SUPPORT	15,000.
PIANO INTERNATIONAL ASSN OF N OHIO 20600 CHAGRIN BLVD, STE 1110 SHAKER HEIGHTS, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	45,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVE CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	107,500.
PROFESSIONAL FLAIR 3030 EUCLID AVE. SUITE 100 CLEVELAND, OH 44114-1022	NONE PC	PROGRAMMATIC SUPPORT	5,000.
ROCK AND ROLL HALL OF FAME & MUSEUM 1100 ROCK AND ROLL BOULEVARD CLEVELAND, OH 44103	NONE PC	PROGRAMMATIC SUPPORT	400,000.
SAINT MARTIN DE PORRES HIGH SCHOOL 6202 ST. CLAIR AVE. CLEVELAND, OH 44116	NONE PC	PROGRAMMATIC SUPPORT	2,500.
ST. CHRISTOPHER CHURCH 20141 DETROIT ROAD ROCKY RIVER, OH 44107	NONE PC	PROGRAMMATIC SUPPORT	4,500.
ST. EDWARD HIGH SCHOOL 13500 DETROIT AVE LAKEWOOD, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	85,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
ST. PETER PARISH 1533 E 17TH ST CLEVELAND, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	1,000.
ST. VINCENT CHARITY MEDICAL CENTER 2351 EAST 22ND STREET CLEVELAND, OH 44113	NONE PC	PROGRAMMATIC SUPPORT	100,000.
STELLA MARIS 1320 WASHINGTON AVE CLEVELAND, OH 44114	NONE PC	PROGRAMMATIC SUPPORT	2,000.
THE CITY CLUB OF CLEVELAND 850 EUCLID AVENUE, 2ND FLOOR CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	42,000.
THE MUSICAL ARTS ASSOCIATION 11001 EUCLID AVE CLEVELAND, OH 44131	NONE PC	PROGRAMMATIC SUPPORT	27,500.
THE MUSICAL THEATER PROJECT 5755 GRANGER ROAD STE 830 INDEPENDENCE, OH 44115	NONE PC	PROGRAMMATIC SUPPORT	10,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 15 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
THE SALVATION ARMY 2507 E 22ND ST CLEVELAND, OH 44115-1854	NONE PC	PROGRAMMATIC SUPPORT	60,000.
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44122	NONE PC	PROGRAMMATIC SUPPORT	130,000.
UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS, OH 44120	NONE PC	PROGRAMMATIC SUPPORT	65,000.
VERB BALLETS 3558 LEE RD SHAKER HEIGHTS, OH 44103	NONE PC	PROGRAMMATIC SUPPORT	5,000.
VOCATIONAL GUIDANCE SERVICES 2239 EAST 55TH ST CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	21,000.
WESTERN RESERVE HISTORICAL SOCIETY 10825 EAST BOULEVARD CLEVELAND, OH 44106	NONE PC	PROGRAMMATIC SUPPORT	1,000.
TOTAL CONTRIBUTIONS PAID			<u>2,113,000.</u>

FEDERAL FOOTNOTES

PART VII-B LINE 1A(4)- AN EXCEPTION TO FILING FORM 4720 APPLIES. THE ORGANIZATION PAYS REASONABLE COMPENSATION TO AND REIMBURSES REASONABLE EXPENSES FOR MEMBERS OF THE BOARD OF TRUSTEES, INCURRED IN CARRYING OUT THEIR FIDUCIARY DUTIES. THESE PAYMENTS ARE MADE AT FAIR MARKET RATES.

**John P. Murphy Foundation**  
**Book Asset Detail [Depreciation]**  
**GAAP**  
**For the Period January 1, 2020 to December 31, 2020**

Asset ID	Selected Dates		Asset Balances				Depr Meth/Conv	Life Yr Mo	Depreciable Basis					Current & Accum Depreciation					Net Book Value	
	PIS Date	Disposal Date	Beginning	Additions	Deletions	Ending			Book Cost	Credit Red Amt	Bus. Use %	Net S179/A & AFYD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/179A	Net Adds Deletions		Ending Accum Depr
<i>Class: Furniture</i>																				
25	8 Mecho shades (Art Window Coverings)																			
	11/3/2008		2,567.00	0.00	0.00	2,567.00	SL100FM	7 0	2,567.00	0.00	100.00	0.00	2,567.00	0.00	2,567.00	0.00	0.00	0.00	2,567.00	0.00
28	Sofar Chair (Reception Area)																			
	10/10/2008		1,128.98	0.00	0.00	1,128.98	SL100FM	10 0	1,128.98	0.00	100.00	0.00	1,128.98	0.00	1,128.98	0.00	0.00	0.00	1,128.98	0.00
29	Chair (Reception Area)																			
	10/10/2008		868.93	0.00	0.00	868.93	SL100FM	10 0	868.93	0.00	100.00	0.00	868.93	0.00	868.93	0.00	0.00	0.00	868.93	0.00
30	Table (Reception Area)																			
	10/10/2008		573.00	0.00	0.00	573.00	SL100FM	10 0	573.00	0.00	100.00	0.00	573.00	0.00	573.00	0.00	0.00	0.00	573.00	0.00
31	Desk & Credenza (President Office)																			
	10/10/2008		7,305.96	0.00	0.00	7,305.96	SL100FM	10 0	7,305.96	0.00	100.00	0.00	7,305.96	0.00	7,305.96	0.00	0.00	0.00	7,305.96	0.00
32	2 Tables (President Office)																			
	10/10/2008		1,293.73	0.00	0.00	1,293.73	SL100FM	10 0	1,293.73	0.00	100.00	0.00	1,293.73	0.00	1,293.73	0.00	0.00	0.00	1,293.73	0.00
33	4 Side chairs (President Office)																			
	10/10/2008		1,540.76	0.00	0.00	1,540.76	SL100FM	10 0	1,540.76	0.00	100.00	0.00	1,540.76	0.00	1,540.76	0.00	0.00	0.00	1,540.76	0.00
34	Bookcase (President Office)																			
	10/10/2008		972.19	0.00	0.00	972.19	SL100FM	10 0	972.19	0.00	100.00	0.00	972.19	0.00	972.19	0.00	0.00	0.00	972.19	0.00
35	Task Chair (President Office)																			
	10/10/2008		873.09	0.00	0.00	873.09	SL100FM	10 0	873.09	0.00	100.00	0.00	873.09	0.00	873.09	0.00	0.00	0.00	873.09	0.00
36	2 Task Chairs (Admin Area)																			
	10/10/2008		1,476.35	0.00	0.00	1,476.35	SL100FM	10 0	1,476.35	0.00	100.00	0.00	1,476.35	0.00	1,476.35	0.00	0.00	0.00	1,476.35	0.00
37	2 File Cabinets (Admin Area)																			
	10/10/2008		439.70	0.00	0.00	439.70	SL100FM	10 0	439.70	0.00	100.00	0.00	439.70	0.00	439.70	0.00	0.00	0.00	439.70	0.00
38	2 Admin Workstations (Admin Area)																			
	10/10/2008		6,057.81	0.00	0.00	6,057.81	SL100FM	10 0	6,057.81	0.00	100.00	0.00	6,057.81	0.00	6,057.81	0.00	0.00	0.00	6,057.81	0.00
39	Desk & Credenza (Exec. VP Office)																			
	10/10/2008		7,883.35	0.00	0.00	7,883.35	SL100FM	10 0	7,883.35	0.00	100.00	0.00	7,883.35	0.00	7,883.35	0.00	0.00	0.00	7,883.35	0.00
40	Task Chair (Exec. VP Office)																			
	10/10/2008		873.09	0.00	0.00	873.09	SL100FM	10 0	873.09	0.00	100.00	0.00	873.09	0.00	873.09	0.00	0.00	0.00	873.09	0.00
41	2 Side Chairs (Exec. VP Office)																			
	10/10/2008		770.38	0.00	0.00	770.38	SL100FM	10 0	770.38	0.00	100.00	0.00	770.38	0.00	770.38	0.00	0.00	0.00	770.38	0.00
42	Table (Exec. VP Office)																			
	10/10/2008		867.68	0.00	0.00	867.68	SL100FM	10 0	867.68	0.00	100.00	0.00	867.68	0.00	867.68	0.00	0.00	0.00	867.68	0.00
43	Desk & Credenza (Guest Office)																			
	10/10/2008		7,883.35	0.00	0.00	7,883.35	SL100FM	10 0	7,883.35	0.00	100.00	0.00	7,883.35	0.00	7,883.35	0.00	0.00	0.00	7,883.35	0.00
44	2 Bookcases (Guest Office)																			

Asset ID	Selected Dates		Asset Balances				Depr Meth/Conv	Life Yr Mo	Depreciable Basis					Current & Accum Depreciation					Net Book Value	
	PIS Date	Disposal Date	Beginning	Additions	Deletions	Ending			Book Cost	Credit Red Amt	Bus. Use %	Net S179/A & AFYD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/179A	Net Adds Deletions		Ending Accum Depr
45	10/10/2008		1,424.28	0.00	0.00	1,424.28	SL100FM	10 0	1,424.28	0.00	100.00	0.00	1,424.28	0.00	1,424.28	0.00	0.00	0.00	1,424.28	0.00
	Task Chair (Guest Office)																			
46	10/10/2008		873.09	0.00	0.00	873.09	SL100FM	10 0	873.09	0.00	100.00	0.00	873.09	0.00	873.09	0.00	0.00	0.00	873.09	0.00
	2 Side Chairs (Guest Office)																			
47	10/10/2008		770.38	0.00	0.00	770.38	SL100FM	10 0	770.38	0.00	100.00	0.00	770.38	0.00	770.38	0.00	0.00	0.00	770.38	0.00
	4 Tables (Conference Room)																			
48	10/10/2008		4,122.38	0.00	0.00	4,122.38	SL100FM	10 0	4,122.38	0.00	100.00	0.00	4,122.38	0.00	4,122.38	0.00	0.00	0.00	4,122.38	0.00
	8 Conference Chairs (Conference Room)																			
49	10/10/2008		4,676.31	0.00	0.00	4,676.31	SL100FM	10 0	4,676.31	0.00	100.00	0.00	4,676.31	0.00	4,676.31	0.00	0.00	0.00	4,676.31	0.00
	48 Storage Shelves (Control Room)																			
50	10/10/2008		1,607.64	0.00	0.00	1,607.64	SL100FM	10 0	1,607.64	0.00	100.00	0.00	1,607.64	0.00	1,607.64	0.00	0.00	0.00	1,607.64	0.00
	6 Filing Cabinets (Hallway Storage)																			
51	10/10/2008		3,378.49	0.00	0.00	3,378.49	SL100FM	10 0	3,378.49	0.00	100.00	0.00	3,378.49	0.00	3,378.49	0.00	0.00	0.00	3,378.49	0.00
	Fireproof Filing Cabinet (Hallway Storage)																			
52	10/10/2008		3,872.21	0.00	0.00	3,872.21	SL100FM	10 0	3,872.21	0.00	100.00	0.00	3,872.21	0.00	3,872.21	0.00	0.00	0.00	3,872.21	0.00
	13 historical photos and 13 frames for each																			
54	3/17/2009		3,361.00	0.00	0.00	3,361.00	SL100FM	10 0	3,361.00	0.00	100.00	0.00	3,332.99	0.00	3,332.99	0.00	0.00	0.00	3,332.99	28.01
	2 bookcases,1 table various parts (newoffice)																			
55	2/27/2009		5,870.74	0.00	0.00	5,870.74	SL100FM	10 0	5,870.74	0.00	100.00	0.00	5,821.82	0.00	5,821.82	0.00	0.00	0.00	5,821.82	48.92
	Office Lobby Sign																			
62	3/26/2009		560.00	0.00	0.00	560.00	SL100FM	5 0	560.00	0.00	100.00	0.00	560.00	0.00	560.00	0.00	0.00	0.00	560.00	0.00
	Cabinets - Gayles workstation																			
73	10/19/2010		1,174.29	0.00	0.00	1,174.29	SL100FM	5 0	1,174.29	0.00	100.00	0.00	1,174.29	0.00	1,174.29	0.00	0.00	0.00	1,174.29	0.00
	Conference Room TV and Mount																			
74	4/18/2018		1,024.76	0.00	0.00	1,024.76	SL100FM	10 0	1,024.76	0.00	100.00	0.00	170.80	1,024.76	170.80	102.48	0.00	0.00	273.28	751.48
	File Cabinets																			
75	6/7/2018		4,974.54	0.00	0.00	4,974.54	SL100FM	10 0	4,974.54	0.00	100.00	0.00	787.63	4,974.54	787.63	497.45	0.00	0.00	1,285.08	3,689.46
	Credenza																			
	7/18/2018		3,596.06	0.00	0.00	3,596.06	SL100FM	10 0	3,596.06	0.00	100.00	0.00	509.44	3,596.06	509.44	359.61	0.00	0.00	869.05	2,727.01
	<b>Subtotal: Furniture (32)</b>		<b>\$84,661.52</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$84,661.52</b>			<b>\$84,661.52</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$76,457.10</b>	<b>\$9,595.36</b>	<b>\$76,457.10</b>	<b>\$959.54</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$77,416.64</b>	<b>\$7,244.88</b>
	<b>Class: Leasehold Improvement</b>																			
53	Forest City Construction Charges																			
	1/1/2009		16,950.31	0.00	0.00	16,950.31	SL100FM	6 8	16,950.31	0.00	100.00	0.00	16,950.31	0.00	16,950.31	0.00	0.00	0.00	16,950.31	0.00
70	Office Build Out 1st Payment																			
	3/7/2018		63,973.55	0.00	0.00	63,973.55	SL100FM	10 3	63,973.55	0.00	100.00	0.00	11,442.42	63,973.55	11,442.42	6,241.32	0.00	0.00	17,683.74	46,289.81
71	Office Build Out Final Payment																			
	4/27/2018		80,583.37	0.00	0.00	80,583.37	SL100FM	10 3	80,583.37	0.00	100.00	0.00	13,102.98	80,583.37	13,102.98	7,861.79	0.00	0.00	20,964.77	59,618.60
72	Electrical and Millwork																			
	8/22/2018		2,229.04	0.00	0.00	2,229.04	SL100FM	10 3	2,229.04	0.00	100.00	0.00	289.96	2,229.04	289.96	217.47	0.00	0.00	507.43	1,721.61

Asset ID	Selected Dates		Asset Balances				Depr Meth/Conv	Life Yr Mo	Depreciable Basis					Current & Accum Depreciation					Net Book Value	
	PIS Date	Disposal Date	Beginning	Additions	Deletions	Ending			Book Cost	Credit Red Amt	Bus. Use %	Net S179/A & AFYD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/179A	Net Adds Deletions		Ending Accum Depr
77	Teledata																			
	10/31/2018		8,046.09	0.00	0.00	8,046.09	SL100FM	10 3	8,046.09	0.00	100.00	0.00	915.81	8,046.09	915.81	784.98	0.00	0.00	1,700.79	6,345.30
<i>Subtotal: Leasehold Improvement (5)</i>			\$171,782.36	\$0.00	\$0.00	\$171,782.36			\$171,782.36	\$0.00		\$0.00	\$42,701.48	\$154,832.05	\$42,701.48	\$15,105.56	\$0.00	\$0.00	\$57,807.04	\$113,975.32
<i>Class: Office Equipment</i>																				
20	Grant Management Software																			
	7/1/2001		24,221.00	0.00	0.00	24,221.00	SL100FM	5 0	24,221.00	0.00	100.00	0.00	24,221.00	0.00	24,221.00	0.00	0.00	0.00	24,221.00	0.00
26	Sharp 26-32 LCD TV																			
	10/1/2008		800.00	0.00	0.00	800.00	SL100FM	7 0	800.00	0.00	100.00	0.00	800.00	0.00	800.00	0.00	0.00	0.00	800.00	0.00
27	Computer Hardware for networking																			
	10/31/2008		1,594.05	0.00	0.00	1,594.05	SL100FM	5 0	1,594.05	0.00	100.00	0.00	1,594.05	0.00	1,594.05	0.00	0.00	0.00	1,594.05	0.00
56	Telephone system (6 phones)																			
	1/1/2009		5,450.00	0.00	0.00	5,450.00	SL100FM	5 0	5,450.00	0.00	100.00	0.00	5,450.00	0.00	5,450.00	0.00	0.00	0.00	5,450.00	0.00
57	5 Computers																			
	1/1/2009		6,775.00	0.00	0.00	6,775.00	SL100FM	5 0	6,775.00	0.00	100.00	0.00	6,775.00	0.00	6,775.00	0.00	0.00	0.00	6,775.00	0.00
58	(5) Adobe 8 software licenses																			
	1/1/2009		2,275.00	0.00	0.00	2,275.00	SL100FM	3 0	2,275.00	0.00	100.00	0.00	2,275.00	0.00	2,275.00	0.00	0.00	0.00	2,275.00	0.00
59	Network Camera																			
	1/1/2009		650.00	0.00	0.00	650.00	SL100FM	5 0	650.00	0.00	100.00	0.00	650.00	0.00	650.00	0.00	0.00	0.00	650.00	0.00
60	2 Printers																			
	1/1/2009		700.00	0.00	0.00	700.00	SL100FM	5 0	700.00	0.00	100.00	0.00	700.00	0.00	700.00	0.00	0.00	0.00	700.00	0.00
61	Network, server, security, router																			
	1/1/2009		11,346.60	0.00	0.00	11,346.60	SL100FM	5 0	11,346.60	0.00	100.00	0.00	11,346.60	0.00	11,346.60	0.00	0.00	0.00	11,346.60	0.00
63	HP Color Laser Jet Printer																			
	11/14/2010		650.00	0.00	0.00	650.00	SL100FM	5 0	650.00	0.00	100.00	0.00	650.00	0.00	650.00	0.00	0.00	0.00	650.00	0.00
64	Dell Latitude E5500 laptop																			
	5/12/2010		760.00	0.00	0.00	760.00	SL100FM	5 0	760.00	0.00	100.00	0.00	760.00	0.00	760.00	0.00	0.00	0.00	760.00	0.00
65	Copier																			
	3/20/2012		8,760.92	0.00	0.00	8,760.92	SL100FM	5 0	8,760.92	0.00	100.00	0.00	8,760.92	0.00	8,760.92	0.00	0.00	0.00	8,760.92	0.00
66	2 Printers																			
	4/2/2012		949.98	0.00	0.00	949.98	SL100FM	5 0	949.98	0.00	100.00	0.00	949.98	0.00	949.98	0.00	0.00	0.00	949.98	0.00
67	5 new dell 23 Monitors																			
	10/23/2013		900.00	0.00	0.00	900.00	SL100FM	5 0	900.00	0.00	100.00	0.00	900.00	0.00	900.00	0.00	0.00	0.00	900.00	0.00
68	Invoice 3047 - Server																			
	11/27/2013		5,170.00	0.00	0.00	5,170.00	SL100FM	5 0	5,170.00	0.00	100.00	0.00	5,170.00	0.00	5,170.00	0.00	0.00	0.00	5,170.00	0.00
69	5 new computers																			
	1/1/2014		4,530.00	0.00	0.00	4,530.00	SL100FM	5 0	4,530.00	0.00	100.00	0.00	4,530.00	0.00	4,530.00	0.00	0.00	0.00	4,530.00	0.00
76	Xerox Copier																			
	6/19/2018		8,114.00	0.00	0.00	8,114.00	SL100FM	10 0	8,114.00	0.00	100.00	0.00	1,217.10	8,114.00	1,217.10	811.40	0.00	0.00	2,028.50	6,085.50
78	Misc																			

Asset ID	Selected Dates		Asset Balances				Depr Meth/Conv	Life Yr Mo	Depreciable Basis					Current & Accum Depreciation					Net Book Value	
	PIS Date	Disposal Date	Beginning	Additions	Deletions	Ending			Book Cost	Credit Red Amt	Bus. Use %	Net S179/A & AFYD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/179A	Net Adds Deletions		Ending Accum Depr
	6/30/2020		0.00	5,205.00	0.00	5,205.00	SL100FM	10 0	5,205.00	0.00	100.00	0.00	0.00	5,205.00	0.00	303.63	0.00	0.00	303.63	4,901.37
<i>Subtotal: Office Equipment (18)</i>			\$83,646.55	\$5,205.00	\$0.00	\$88,851.55			\$88,851.55	\$0.00		\$0.00	\$76,749.65	\$13,319.00	\$76,749.65	\$1,115.03	\$0.00	\$0.00	\$77,864.68	\$10,986.87
<b>Grand Total</b>			\$340,090.43	\$5,205.00	\$0.00	\$345,295.43			\$345,295.43	\$0.00		\$0.00	\$195,908.23	\$177,746.41	\$195,908.23	\$17,180.13	\$0.00	\$0.00	\$213,088.36	\$132,207.07

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  JOHN P. MURPHY FOUNDATION	Taxpayer identification number (TIN)  34-6528308
	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 WEST 2ND ST., SUITE 800	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44113-1461	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD J. CLARK

• The books are in the care of ► 1660 WEST 2ND ST., SUITE 800 CLEVELAND OH 44113-1461

Telephone No. ► 216 623-4770 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2020 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	127,599.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	127,599.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**



Tel: 216-325-1700  
Fax: 216-325-1701  
[www.bdo.com](http://www.bdo.com)

1300 East Ninth Street Suite 1301  
Cleveland, OH 44114

**John P. Murphy Foundation  
1660 West 2nd St., Suite 800  
Cleveland, OH 44113-1461**

**Instructions for Filing  
Annual Report with the Ohio Attorney General's Office  
For the Year Ended December 31, 2020**

Due Date. . .

Filing must be completed by **November 15, 2021**

Signature. . .

No signature is required.

Balance Due. . .

The system will prompt you to make a payment, if any due, after you submit your Annual Report. You will be prompted to pay this annual fee either via mailing in a check or ACH debit directly from the organization's bank account.

Filing. . .

The Ohio Attorney General's office now requires the Verification of Filing with the IRS to be filed on-line. Please go to this website <http://charitableregistration.ohioattorneygeneral.gov/> and log in (if this is your first time using this website, please create your user account under 'First Time Users'). Once you are logged in, click on 'File Annual Report' and use the attached steps to complete the filing.



**OHIO ATTORNEY GENERAL ANNUAL REPORT**

**Organization Name:** John P. Murphy Foundation

\*\*Desired filing year: 2020

**STEP 1:**

For the fiscal year indicated above:

Did your organization solicit charitable contributions from the general public on its own behalf?

YES      NO

    

Did you hire a professional solicitor?

    

Amount of revenue not from governmental grants and funding from other 501(c)(3) organizations

1,931,278

Amount of Total Assets

57,397,361

Click 'NEXT'.

**STEP 2:**

On this screen, your organization's information should appear. Please confirm this information is correct, if not, please add or change any of the information (the organization's EIN and Secretary of State Charter Number are the only two items on this page you cannot change).

Click 'NEXT' when all of the information is correct.

**STEP 3:**

Revenue

1 Individual contributions, gifts, grants and similar amounts received:

-

2 All other revenue:

1,931,278

3 Total revenue:

1,931,278

Expenses

4 Program service expenses:

2,996,605

5 All other expenses:

297,835

6 Total expenses:

3,294,440

Assets

7 Total assets:

57,397,361

Liabilities

8 Total liabilities:

-

Click 'NEXT'.



**STEP 4:**

You will need to confirm and/or update the information provided for the organization's Officers & Board of Directors. Below is the information needed to update this section.

NAME	TITLE	AVERAGE HRS PER WEEK	COMPENSATION
SEE ATTACHED			

1 How many times did the board of directors meet in the last fiscal year?

4

2 Do you have a conflict of interest policy?

YES

NO

3 Did your organization have an audit conducted by a certified public accounting firm for the same fiscal year for which you are currently filing?

**STEP 5:**

If applicable, please complete the additional information required if the organization solicits funds under another name or if the organization uses other solicitors.

Once completed or if nothing to add, click 'NEXT'.

**FINAL STEPS:**

Please follow the prompts to complete the remaining steps. After you have submitted the annual filing, you will be prompted for payment and asked how you would like to pay the annual fee, if any due.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 13

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
PATRICIA BROWNELL 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
RICHARD J. CLARK 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	EVP/SEC/TRUSTEE 20.00	249,186.	25,457.	0.
NANCY MCCANN 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	PRES/TREAS/TRUSTEE 20.00	299,956.	0.	0.
JOHN F. O'BRIEN 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
LESLIE RESNIK 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
FREDERICK G. STUEBER 1660 WEST 2ND ST., SUITE 800 CLEVELAND, OH 44113-1461	VP/TRUSTEE 5.00	38,750.	0.	0.
	GRAND TOTALS	<u>704,142.</u>	<u>25,457.</u>	<u>0.</u>



Tel: 216-325-1700  
Fax: 216-325-1701  
www.bdo.com

1300 East Ninth Street, Suite 1301  
Cleveland, OH 44114

JOHN P. MURPHY FOUNDATION  
INSTRUCTIONS FOR FILING  
FORM 8879-EO  
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990-T  
FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO NO LATER THAN NOVEMBER 15, 2021, TO:

BDO USA, LLP  
1300 EAST NINTH STREET, SUITE 1301  
CLEVELAND OH 44114

OR FAX TO: 216-325-1701  
ATTN: E-FILE ADMINISTRATOR

OR EMAIL TO: [BDOESIGNNEO@BDO.COM](mailto:BDOESIGNNEO@BDO.COM)

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

THE RETURN SHOWS A \$2,568 OVERPAYMENT. OF THIS AMOUNT, \$0 WILL BE REFUNDED TO YOU. ALSO, \$2,568 HAS BEEN APPLIED TO YOUR 2021 ESTIMATED TAX.

DO NOT SEPARATELY FILE FORM 990-T WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20 \_\_\_\_\_

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2020

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

JOHN P. MURPHY FOUNDATION

Taxpayer identification number

34-6528308

Name and title of officer or person subject to tax

RICHARD CLARK, EXECUTIVE VP

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____ 0.
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 6 8 3 1 4 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 4 9 8 6 8 1 3 5 3 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) JOHN P. MURPHY FOUNDATION	<b>D Employer identification number</b> 34-6528308
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 WEST 2ND ST., SUITE 800	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44113-1461	
		<b>C</b> Book value of all assets at end of year . . . . . ▶ 57,374,482.	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶ RICHARD J. CLARK	Telephone number ▶ 216-623-4770		

1660 WEST 2ND ST., SUITE 800  
CLEVELAND OH 44113-1461

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	-96.
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	-96.
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	-96.
6 Deduction for net operating loss. See instructions. . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	-96.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	2	
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only). . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	

For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>			
<b>b</b> Other credits (see instructions) . . . . .	<b>1b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>			
<b>e Total credits.</b> Add lines 1a through 1d . . . . .	<b>1e</b>			
<b>2</b> Subtract line 1e from Part II, line 7 . . . . .	<b>2</b>			
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) . . . . .	<b>3</b>			
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	<b>4</b>			0.
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 . . . . .	<b>5</b>			
<b>6 a</b> Payments: A 2019 overpayment credited to 2020 . . . . .	<b>6a</b>	2,568.		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> . . . . .	<b>6b</b>			
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>			
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>			
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>			
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>▶</b>	<b>6g</b>			
<b>7 Total payments.</b> Add lines 6a through 6g . . . . .	<b>7</b>			2,568.
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>			
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . . <b>▶</b>	<b>9</b>			
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . . <b>▶</b>	<b>10</b>			2,568.
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>▶</b> 2,568. <b>Refunded</b> <b>▶</b>	<b>11</b>			

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>▶</b> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If "Yes," see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>▶</b> \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 a</b> Did the organization change its method of accounting? (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>▶</b> RICHARD CLARK Signature of officer	Date	<b>▶</b> EXECUTIVE VP Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JACOB COOK	<i>Jacob Cook</i>	11/11/2021		P01240455
	Firm's name <b>▶</b> BDO USA, LLP	Firm's EIN <b>▶</b> 13-5381590		Phone no. 216-325-1700	
Firm's address <b>▶</b> 1300 EAST NINTH STREET, SUITE 1301, CLEVELAND, OH 44114					

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for  
501(c)(3) Organizations Only**

<b>A</b> Name of the organization JOHN P. MURPHY FOUNDATION	<b>B</b> Employer identification number 34-6528308
<b>C</b> Unrelated business activity code (see instructions) ▶ 900099	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ INVESTMENTS IN PARTNERSHIPS

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) . . . . .	70.		70.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . . <u>ATCH 1</u>	-166.		-166.
<b>6</b> Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	-96.		-96.

<b>Part II</b> Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>		
<b>2</b> Salaries and wages . . . . .	<b>2</b>		
<b>3</b> Repairs and maintenance . . . . .	<b>3</b>		
<b>4</b> Bad debts. . . . .	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions) . . . . .	<b>5</b>		
<b>6</b> Taxes and licenses . . . . .	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions) . . . . .	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion . . . . .	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans . . . . .	<b>10</b>		
<b>11</b> Employee benefit programs . . . . .	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) . . . . .	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) . . . . .	<b>13</b>		
<b>14</b> Other deductions (attach statement) . . . . .	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>		
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>		-96.
<b>17</b> Deduction for net operating loss (see instructions) . . . . .	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16. . . . .	<b>18</b>		-96.

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2020

## SCHEDULE A: INVESTMENTS IN PARTNERSHIPS

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
TIFF PARTNERS III, LLC 58-2426874- ORDINARY LOSS	-19.		-19.
TIFF REALTY & RESOURCES III 20-5133912- ORD. LOSS	-48.		-48.
TIFF REALTY & RESOURCES III 20-5133912- RENTAL	-356.		-356.
TIFF PRIVATE EQUITY PARTNER 13-4312397- ORD. INC.	970.		970.
TIFF PRIVATE EQUITY PARTNER 13-4312397- RENTAL	4.		4.
TIFF PRIVATE EQUITY PARTNER 13-4312397- INT. INC.	3.		3.
TIFF PRIVATE EQUITY PARTNER ROYALTIES	34.		34.
TIFF PRIVATE EQUITY PARTNER 13-4312397-ROY. DED.	-9.		-9.
TIFF PRIVATE EQUITY PARTNER 13-4312397-59(E)(2)	-745.		-745.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS .....			<u>-166.</u>

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2020**

Name: **JOHN P. MURPHY FOUNDATION** Employer identification number: **34-6528308**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . .  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				-1.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b> 71.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .				<b>15</b> 70.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	70.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	70.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	70.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

**For Paperwork Reduction Act Notice, see the Instructions for Form 1120.** Schedule D (Form 1120) 2020

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

JOHN P. MURPHY FOUNDATION

34-6528308

Before you check Box D, E, or F 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.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TIFF PRIVATE EQUITY PARTNERS 2006							-1.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►								-1.

**Note:** If you checked Box D 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.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. 27

Name(s) shown on return: JOHN P. MURPHY FOUNDATION
Identifying number: 34-6528308

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 1: ATTACHMENT 1, 52.

3 Gain, if any, from Form 4684, line 39 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
6 Gain, if any, from line 32, from other than casualty or theft 6 19.
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 71.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 11 ( )
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a. 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. 16
17 Combine lines 10 through 16. 17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4. 18b

For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A TIFF REALTY & RESOUR		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale . . . . .	21				
22 Depreciation (or depletion) allowed or allowable . . . . .	22				
23 Adjusted basis. Subtract line 22 from line 21 . . . . .	23				
24 Total gain. Subtract line 23 from line 20. . . . .	24	19.			
<b>25 If section 1245 property:</b>					
a Depreciation allowed or allowable from line 22 . . . . .	25a				
b Enter the smaller of line 24 or 25a. . . . .	25b				
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions . . . . .	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c				
d Additional depreciation after 1969 and before 1976 . . . . .	26d				
e Enter the smaller of line 26c or 26d . . . . .	26e				
f Section 291 amount (corporations only) . . . . .	26f				
g Add lines 26b, 26e, and 26f . . . . .	26g				
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses . . . . .	27a				
b Line 27a multiplied by applicable percentage. See instructions . . . . .	27b				
c Enter the smaller of line 24 or 27b . . . . .	27c				
<b>28 If section 1254 property:</b>					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a				
b Enter the smaller of line 24 or 28a . . . . .	28b				
<b>29 If section 1255 property:</b>					
a Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a				
b Enter the smaller of line 24 or 29a. See instructions . . . . .	29b				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	19.
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	19.

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34 Recomputed depreciation. See instructions . . . . .	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>JOHN P. MURPHY FOUNDATION</b>	Identifying number (see instructions) <b>34-6528308</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? .  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
  - a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? . . . . .  Yes  No
  - b** Did the transferor remain in existence after the transfer? . . . . .  Yes  No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . .  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? . . . . .  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
  - a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . .  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership? . . . . .  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . .  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>BLACK DIAMOND ARBITRAGE, LTD.</b>	<b>5a</b> Identifying number, if any
<b>6</b> Address (including country) <b>89 NEXUS WAY, P.O. BOX 31106</b> <b>CAMANA BAY, GRAND CAYMAN</b>	<b>5b</b> Reference ID number (see instructions) <b>BLACKDIAMOND1</b>
<b>7</b> Country code of country of incorporation or organization (see instructions) <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>CORPORATION</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/01/2020		1,000,000		

**10** Was cash the only property transferred? . . . . .  **Yes**  **No**  
 If “Yes,” skip the remainder of Part III and go to Part IV.

**Section B—Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? . . . . .  **Yes**  **No**

**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? . . . . .  **Yes**  **No**  
 If “Yes,” go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? . . .  **Yes**  **No**  
 If “Yes,” continue to line 12c. If “No,” skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? . . . . .  **Yes**  **No**  
 If “Yes,” continue to line 12d. If “No,” skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)? . . . . .  **Yes**  **No**  
 If “No,” skip Section C and questions 14a through 15.

**Section C—Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm’s length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? . . . . .  **Yes**  **No**
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? . . . . .  **Yes**  **No**
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? . . . . .  **Yes**  **No**
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? . . . . .  **Yes**  **No**

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
**(a)** Before 0.000000 % **(b)** After 0.2109 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
  - a** Gain recognition under section 904(f)(3) . . . . .  **Yes**  **No**
  - b** Gain recognition under section 904(f)(5)(F) . . . . .  **Yes**  **No**
  - c** Recapture under section 1503(d) . . . . .  **Yes**  **No**
  - d** Exchange gain under section 987 . . . . .  **Yes**  **No**
- 19** Did this transfer result from a change in entity classification? . . . . .  **Yes**  **No**
- 20a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions .  **Yes**  **No**  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? . .  **Yes**  **No**
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions . . . . .  **Yes**  **No**

**John P. Murphy Foundation**  
**EIN 34-6528308**  
**FORM 990-T**

**Statement Attached to and made Part of the Return of Organization**  
**Exempt From Income Tax**  
**For the Calendar Year Ended December 31, 2020**

Statement Pursuant to Treas. Reg. 1.351-3(a) by John P. Murphy Foundation  
(EIN: 34-6528308), a Significant Transferor

- (1) The name and employer identification number (if any) of the transferee corporation:  
  
Black Diamond Arbitrage, LTD (REF ID: BLACKDIAMOND1)
- (2) The date(s) of the transfer(s) of assets:  
  
10/01/2020
- (3) The aggregate fair market value and basis, determined immediately before the exchange, of the property transferred by such transferor in the exchange:  
  
Cash in the amount of \$1,000,000
- (4) The date and control number of any private letter ruling(s) issued by the Internal Revenue Service in connection with the section 351 exchange:  
  
No private letter rulings were issued with respect to the section 351 exchange.

**John P. Murphy Foundation**  
**34-6528308**  
**FORM 990-T**

**Statement Attached to and made Part of the Return of Organization**  
**Exempt From Income Tax**  
**For the Tax Year Ended December 31, 2020**

**Statement Filed Pursuant to Section 1.6038B-1(c) and 1.6038B-1T(c)**

- (1) Name of U.S. Transferor: John P. Murphy Foundation  
EIN: 34-6528308  
Address: 1660 West 2<sup>nd</sup> St., Ste 800 Cleveland, OH 44113-1461
- (2) Name of Foreign Transferee: Black Diamond Arbitrage, LTD.  
Ref ID: BLACKDIAMOND1  
Address: 89 Nexus Way, P.O. BOX 31106 Camana Bay, Grand Cayman  
Country of Incorporation: Cayman Islands  
Kulas Foundation, a U.S. tax exempt organization, is invested in Black Diamond Arbitrage, LTD, an entity treated as a foreign corporation for U.S. federal tax purposes. During tax year 2020, John P. Murphy Foundation contributed cash to Black Diamond Arbitrage, LTD, a Cayman Islands company. Black Diamond Arbitrage, LTD is a foreign entity treated as an association taxable as a corporation for U.S. federal tax purposes.
- (3) The following consideration was received by the U.S. transferor: Shares of Black Diamond Arbitrage, LTD
- (4) Cash was transferred by the U.S. transferor to the foreign transferee in the amount of \$1,000,000.
  - (i) Active trade or business property: None
  - (ii) Stock or securities: None
  - (iii) Depreciated property: None
  - (iv) Property to be leased: None
  - (v) Property to be sold: None
  - (vi) Transfers to FSCs: None
  - (vii) Tainted property: None
  - (viii) Foreign loss branch: None
  - (ix) Other intangibles: None
- (5) Transfer of foreign branch with previously deducted loss: Not Applicable
- (6) Transfers subject to section 367(a)(5): Not Applicable

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  JOHN P. MURPHY FOUNDATION	Taxpayer identification number (TIN)  34-6528308
	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 WEST 2ND ST. STE 800	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44113-1461	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD J. CLARK

• The books are in the care of ► 1660 WEST 2ND ST., SUITE 800 CLEVELAND OH 44113-1461

Telephone No. ► 216 623-4770 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box . . . . .

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2020 or  
►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	4,770.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	4,770.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**