EXTENDED TO NOVEMBER 15, 2019

Form <b>990-T</b>	·E	Exempt Organization Bus			ax Returr	۱	OMB No 1545-0687
	ł	(and proxy tax und	er sec	tion 6033(e))		ł	0040
	Force	lendar year 2018 or other tax year beginning		, and ending		_	2018
Department of the Treasury Internal Revenue Service	<b> </b>	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name c	hanged a	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print	WILLIAM T. GRANT FOUND	ATIO	N, INC.		<u> </u>	3-1624021
$\mathbf{X}$ 501(c $03$ )	or	Number, street, and room or suite no. If a P.O. box	c, see ins	structions.			ated business activity code instructions )
408(e) 220(e)	Туре	60 E. 42ND STREET, NO.	43	FL		] `````	,
408A 530(a)	ł	City or town, state or province, country, and ZIP of		postal code		}	
529(a)		NEW YORK, NY 10165-00	<u>47</u>	<del></del>		525	990
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				<del></del>
at end of year 318, 255, 2	58.	G Check organization type ► X 501(c) corp	_	501(c) trust		) trust	Other trust
	-		1		the only (or first) u		
		EE STATEMENT 1	rto Land		complete Parts I-V		
business, then complete		ice at the end of the previous sentence, complete Pa	rts i anu	n, complete a Schedule	IN for each addition	iai trade	or
		oration a subsidiary in an affiliated group or a parer	nt-subsir	liary controlled group?		Y	es X No
		tifying number of the parent corporation.	it bubbic	mary controlled group		,,	73 [22] 140
		VILLIAM T. GRANT FOUNDA	TION	, INC. Teleph	one number 🕨 2	212-	752-0071
Part I Unrelate	d Trac	le or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sal	es						
b Less returns and allo	wances	c Balance ▶	10				
2 Cost of goods sold (	Schedule	A, line 7)	2	<del></del>			<u> </u>
3 Gross profit. Subtract	t line 2 fr	rom line 1c	3				
4a Capital gain net inco	•	•	4a	379,982.		_	379,982.
		art II, line 17) (attach Form 4797)	4b	26,361.			26,361.
c Capital loss deductio			4c	219,756.	STMT	3	219,756.
• •		ship or an S corporation (attach statement)	6	219,750.	SIMI	<u> </u>	219,750.
6 Rent income (Schedi 7 Unrelated debt-finance		na (Sahadula E)	7	<del></del>	<del></del>		
		ne (Scriedule E)  nd rents from a controlled organization (Schedule F)	8				<del></del>
- '	•	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt act			10	<del>-</del> -			
11 Advertising income (	•	,	11				
12 Other income (See in	struction	s; attach schedule)	12				
13 Total. Combine line			13	626,099.			626,099.
<del>*************************************</del>		ot Taken Elsewhere (See instructions for					
		utions, deductions must be directly connected	with th	e unrelated business	income )		<del>,</del>
•	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainte	nance					16	<del>-</del>
<ul><li>17 Bad debts</li><li>18 Interest (attach sch</li></ul>	adula\ /ei	an instructions)		SEE STAT	емемт 4	18	10,389.
19 Taxes and licenses	suule) (si	T DEF	EIVF	O SEE STATE		19	531.
	ions (See	e instructions for limitation rules STATEME	NT	7-SEE STAT	EMENT 5	20	0.
	•	NOV 1	0 20	$\int_{C} \left  21 \right $			
22 Less depreciation c	aimed or	NOV 1	<b>9</b> 20	19 5 21 223		22b	
23 Depletion				J.3 .		23	
24 Contributions to def	erred co	mpensation plans OGDE	N. L	H = i		24	
25 Employee benefit pr	ograms					25	
26 Excess exempt expe	•	•				26	
27 Excess readership of	•	•		ann ant-	IDMBND C	27	70 104
28 Other deductions (a		•		SEE STAT	. БМЕИЛ, р	28	78,104.
29 Total deductions.		•	line OC	from line 10		29	89,024. 537,075.
		ncome before net operating loss deduction. Subtract				30 31	331,013.
	_	oss arising in tax years beginning on or after Januai ncome. Subtract line 31 from line 30	y 1, 201	o (see manuchons)		31	537,075.
		work Reduction Act Notice, see instructions.				1 04	Form <b>990-T</b> (2018)



3-1624021
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Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instrui	ctions)	33	537,075.
34	Amounts paid for disallowed fringes		·	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions)	STMT 8	35	537,075.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su			"	
00		3111 01		1 20 1	
0.7				36	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			•
D- 4	enter the smaller of zero or line 36		<del></del>	38	<u> </u>
Part I			<del></del>	1 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 3	88 from:		
4	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40	
41	Proxy tax. See instructions		•	41	· · · · · · · · · · · · · · · · · · ·
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b		1 i	
c	General business credit. Attach Form 3800	45c		1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	se [	Other (attach schedule)	47	
		JU	J Other (attach schedule)	48	0.
48	Total tax. Add lines 46 and 47 (see instructions)			49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ا دوء ا	23,181.	-	
	Payments: A 2017 overpayment credited to 2018	50a	23,101.	-{	
	2018 estimated tax payments	50b		- 1	
	Tax deposited with Form 8868	50c		-	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	<del></del>	-	
	Backup withholding (see instructions)	50e		4 I	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		-}	
9	Other credits, adjustments, and payments: Form 2439			1 1	
	Form 4136 Other Total ▶	50g		J	
51	Total payments. Add lines 50a through 50g			51	23,181.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53	·
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		`, ▶	54	23,181.
55		<u> 181</u>		55	0.
Part \	/I Statements Regarding Certain Activities and Other Information	n (se	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country		<u></u>
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		· -		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				1
	Under penalties of perjury, Lecelare that I have examined this return, including accompanying schedules and stat correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	ements,	and to the best of my knowle	dge and b	elief, it is true,
Sign	correct, and confiplete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any i			
Here	1 1/13/19 NY it	P			discuss this return with shown below (see
	Signature of officer Pate Title			structions	
		————	<del></del>	ıf PTII	122 100
	Print/Type preparer's name Reparer's signature CPA Dat		self- employed	"   ' ' ''	•
Paid	GARRETT M. HIGGINS JOUTT Hige - IL	.1.2		PI	00543209
Prepa	THE OLGONOUS PRINTING IND		Firm's EIN		7-1728945
Use C	Only Firm's name PRF O CONNOR DEVIES, ELF		FILL S EIN		. 1,20,43
			Phone no. 2	12-1	286-2600
			Triidile ild. 2	14-	
823711 01	-09- 19				Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A		<del></del>			
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	btract	line 6			
3 Cost of labor	3		_	from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs			}	fine 2				<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b		╛	property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income	(From Real	Property and	l Pers	sonal Property L	ease	d With Real Prop	erty	<b>'</b> )	
(see instructions)				<u> </u>					
1. Description of property									
(1)									
(2)									
(3)					-				
(4)									
		ed or accrued				0(0)0-4-4-4-4		-1	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	personal	nd personal property (if the percentage ersonal property exceeds 50% or if to based on profit or income)				(attach schedule)	1		
(1)		1							
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del		Income (see	ınstru	ctions)		<del>1</del>		····	
			7 2	. Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
				, , ,		(attach schedule)		(attach schedule)	
(1)			+				+-		-
(2)			+				_		
(3)			1				+		
(4)	<del>-</del> -	<del></del>	1						
4. Amount of average acquisition	5. Average	adjusted basis	6	Column 4 divided		7. Gross income	1	8. Allocable deduct	ions
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to inced property h schedule)		by column 5		reportable (column 2 x column 6)		(column 6 x total of co 3(a) and 3(b))	lumns
(1)			1	%			1		
(2)				%_					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag- Part I, line 7, column (	
Totals						0			0.
Total dividends-received deductions	ncluded in columi	n 8		- 1					0.

13-1624021

Page 4

Form 990-T (2018) WILLIAM T. GRANT FOUNDATION, INC.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Part II	Inco	me	Fron	า Pe	riodic	als	Report	ed	on a	Se	par	ate	Basi	S (	For each	periodic	al listed	ın Par	t II, fill	ın
	colun	nns 2	throu	ah 7 d	n a lin	e-hv-l	ine basis	١												

1, Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (cot 2 minus cot 3) If a gain, compute cots 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)			-				
(4)				1			
Totals from Part I	_ <u></u>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	,			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

11

	FOOTNOTES	STATEMENT 2
FORM 990-T, LINE 19		
STATE TAXES: ARIZONA NEW YORK NORTH CAROLINA		50. 250. 200.
TOTAL STATE TAXES		500.
FOREIGN TAXES: TIFF SECONDARY PARTNERS II, LLC		31.
TOTAL FOREIGN TAXES		31.
TOTAL TAXES PAID		531.

	STATEMENT 3
	NET INCOME
DESCRIPTION	OR (LOSS)
ASP IV ALTERNATIVE INVESTMENTS LP - ORDINARY BUSINESS	
INCOME (LOSS) CAPITAL DYNAMICS CHAMPION VENTURES IV (Q) LP - ORDINARY	<471.:
BUSINESS INCOME (LOS	<684.
CRYSTAL RIDGE PARTNERS LP - NET RENTAL REAL ESTATE INCOME	5,091.
MAKENA RE FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	2,606.
MAKENA RE FUND II LP - NET RENTAL REAL ESTATE INCOME	<1,802.
NORTH ATLANTIC VENTURE FUND V LP - INTEREST INCOME	23,510.
SEACOAST CAPITAL PARTNERS IV LP - ORDINARY BUSINESS INCOME	00 650
(LOSS)	<28,653.
SEACOAST CAPITAL PARTNERS IV LP - OTHER PORTFOLIO INCOME (LOSS)	61,196.
(LOSS) TIFF PARTNERS V - US LLC - ORDINARY BUSINESS INCOME (LOSS)	<3,137.
TIFF PARTNERS V - US LLC - ORDINARY BUSINESS INCOME (LOSS)	2,070.
TIFF PARTNERS V - US LLC - OTHER PORTFOLIO INCOME (LOSS)	44,614.
TIFF PARTNERS V- INTERNATIONAL LLC - OTHER PORTFOLIO	11,011.
INCOME (LOSS)	<21.
TIFF PRIVATE EQUITY PARTNERS 2006 LLC - INTEREST INCOME	1.
TIFF PRIVATE EQUITY PARTNERS 2007 LLC - ORDINARY BUSINESS	
INCOME (LOSS)	<37,996.
TIFF PRIVATE EQUITY PARTNERS 2007 LLC - INTEREST INCOME	12,499.
TIFF PRIVATE EQUITY PARTNERS 2007 LLC - OTHER PORTFOLIO	
INCOME (LOSS)	4,427.
FIFF PRIVATE EQUITY PARTNERS 2008 LLC - ORDINARY BUSINESS	-10 130 .
INCOME (LOSS) FIFF PRIVATE EQUITY PARTNERS 2008 LLC - OTHER PORTFOLIO	<19,139.
INCOME (LOSS)	7,802.
TIFF PRIVATE EQUITY PARTNERS 2008 LLC - GUARANTEED	7,002.
PAYMENTS	15.
TIFF SECONDARY PARTNERS II LLC - ORDINARY BUSINESS INCOME	
(LOSS)	<246.:
TIFF SECONDARY PARTNERS II LLC - OTHER PORTFOLIO INCOME	
(LOSS)	106,282.
TIFF SPECIAL OPPORTUNITIES FUND LLC - ORDINARY BUSINESS	
INCOME (LOSS)	51,529.
VENTURE INVESTMENT ASSOCIATES VII LP - ORDINARY BUSINESS	-F 0.F0 -
INCOME (LOSS)	<5,858.
VENTURE INVESTMENT ASSOCIATES VII LP - NET RENTAL REAL ESTATE INCOME	3.
VENTURE INVESTMENT ASSOCIATES VII LP - OTHER NET RENTAL	3.
INCOME (LOSS)	<4,777.
VENTURE INVESTMENT ASSOCIATES VII LP - INTEREST INCOME	221.
VENTURE INVESTMENT ASSOCIATES VII LP - ROYALTIES	410.
VENTURE INVESTMENT ASSOCIATES VII LP - OTHER INCOME (LOSS)	264.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	219,756.

FORM 990-T	INTEREST PAID	STATEMENT 4
DESCRIPTION		AMOUNT
NORTH ATLANTIC VENTURE FUND	V LP	10,365.
TIFF PRIVATE EQUITY PARTNERS		6.
TIFF PRIVATE EQUITY PARTNERS VENTURE INVESTMENT ASSOCIATE		16. 2.
VENTORE INVESTMENT ASSOCIATE	SO VII HE	2.
TOTAL TO FORM 990-T, PAGE 1,	, LINE 18	10,389.
FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTION FROM 990-PF	N/A	12,587,169.
CONTRIBUTION FROM 2018 K-1S	N/A	1,044.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	12,588,213.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION FEES		5,500.
TIFF PARTNERS V - US LLC		1,247.
TIFF PRIVATE EQUITY PARTNERS		6,045.
TIFF PRIVATE EQUITY PARTNERS TIFF SPECIAL OPPORTUNITIES F		18,874. 24,352.
VENTURE INVESTMENT ASSOCIATE		22,086.

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

WILLIAM T. GRANT F		13-1624021			
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	n 19,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.  1a 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					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	,				
2 Totals for all transactions reported on					-
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					260.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin-	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	<u>h</u>		7	260.
Part II Long-Term Capital Gai	ns and Losses (See )	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (Sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	n 19,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	, , ,		<u> </u>		
8a 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	·		0	,	
8b Totals for all transactions reported on					}
Form(s) 8949 with Box D checked			<u> </u>		
9 Totals for all transactions reported on			ě		
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					102 705
Form(s) 8949 with Box F checked	<u> </u>		<u> </u>		123,785.
11 Enter gain from Form 4797, line 7 or 9				11	255,937.
12 Long-term capital gain from installment sales	•	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	<del> </del>
14 Capital gain distributions				14	270 722
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		15	379,722.
Part III   Summary of Parts I and		11 11 15		40	260.
16 Enter excess of net short-term capital gain (lin			- 7\	16	379,722.
17 Net capital gain. Enter excess of net long-term			3 /)	17	379,722.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	3/3,304.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

# Form **8949**

Department of the Treasury Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074 **2018** 

Attachment 12A

Name(s) shown on return

WILLIAM T.

The with your concedic b to not your transactions for lines 10, 2, 3, 00, 5, and 10 of 50

INC.

GRANT FOUNDATION,

Social security number or taxpayer identification no.

13-1624021

statement will have the same inform broker and may even tell you which	ation as Form 10						
Part   Short-Term. Transact	tions involving capit	tal assets you held	1 year or less are ge	enerally short-term (see	nstruction	s) For long term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	ll short-term transac	ctions reported on I	Form(s) 1099-B show	ving basis was reporte	ed to the IR	S and for which no ac	
You must check Box A, B, or C below. If you have more short-term transactions than we	Check only one bo	X. If more than one b	oox applies for your sho	rt-term transactions, comp	olete a separa	te Form 8949, page 1, for	
(A) Short-term transactions re	. •				•		
(B) Short-term transactions re		•	•	•	11010 00	010,	
X (C) Short-term transactions no		•	•	oponed to the me			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount	Gain or (loss).
(Example 100 sh. XYZ Co)	(Mo., day, yr)	disposed of	(sales price)	basis See the	column (f	(g), enter a code in ). See instructions.	Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
CAPITAL DYNAMICS				<del> </del>		udjudimoni	
CHAMPION VENTURES				<del> </del>	<del></del>	<del></del>	
IV (Q) LP	<del>                                     </del>			<del>                                     </del>	•		260.
	<b>†</b>			<del> </del>			2.5.01
	·			†		<del></del>	
	<del></del>			<del> </del>		<u> </u>	
				1	ĺ	f <del>-</del>	
				1			
				<del>-</del>			
			•				
				<u> </u>			
				<u> </u>			
				ļ			
	<u> </u>			<u> </u>	ļ		
2 Totals. Add the amounts in colur negative amounts) Enter each to	tal here and incli	ide on your					
Schedule D, line 1b (if Box A above is checked), or line 3 (if B	• •						260.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

### WILLIAM T. GRANT FOUNDATION, INC.

13-1624021

statement will have the same information broker and may even tell you which t	ation as Form 10	you received any 99-B Either will s	show whether you	or substitute statem Ir basis (usually you	ent(s) tron r cost) was	reported to the IF	ostitute RS by your
Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	generally long-term (s	ee instructi	ons) For short-term t	ransactions,
see page 1  Note You may aggregate all codes are required. Enter the	long term transact	ions reported on F	orm(s) 1099-B show	ring basis was reported	to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. ( If you have more long-term transactions than will							each applicable box
(D) Long-term transactions rep	, -				•		
(E) Long-term transactions rep	,	•		•	11010 00	J. 10,	
X (F) Long-term transactions not				sported to the into			
	(b)		(d)	(e)	Adiustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	(c) Date sold or	Proceeds (sales price)	Cost or other	loss. If you enter an amount		Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr.)	disposed of	(64,65 \$1,66)	Note below and	column (f	). See instructions.	from column (d) &
		(Mo , day, yr )		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
CAPITAL DYNAMICS							
CHAMPION VENTURES							
IV (Q) LP			_				389.
VENTURE INVESTMENT							
ASSOCIATES VII LP							<716.>
TIFF PARTNERS V-US							
LLC				1			24,157.
TIFF PRIVATE					-		
EQUITY PARTNERS							
2006 LLC							444.
TIFF PRIVATE							
EQUITY PARTNERS				<u> </u>			
2008 LLC							35,537.
TIFF SECONDARY				<u> </u>			
PARTNERS II, LLC						<u> </u>	63,974.
			-				
2 Totals. Add the amounts in colum	nns (d), (e), (g), ar	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if B							123,785.
Note: If you checked Box D above b			vas incorrect, ent	er in column (e) the	basis as r	eported 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

FORM 990-T CONTRIBUTIONS SUM	MARY STATEMENT 7
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIM	Т
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTION FOR TAX YEAR 2013 9,814,77 FOR TAX YEAR 2014 11,072,94 FOR TAX YEAR 2015 12,057,68 FOR TAX YEAR 2016 12,371,34 FOR TAX YEAR 2017	71 88 88
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	45,316,756 12,588,213
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	57,904,969 0
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	57,904,969 0 57,904,969
ALLOWABLE CONTRIBUTIONS DEDUCTION	,
TOTAL CONTRIBUTION DEDUCTION	

FORM 990-T	NET .	OPERATING LOSS	DEDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	77,745.	77,745.	0.	0.
12/31/09	82,485.	54,203.	28,282.	28,282.
12/31/12	327,665.	0.	327,665.	327,665.
12/31/13	71,651.	0.	71,651.	71,651.
12/31/14	33,605.	0.	33,605.	33,605.
12/31/15	132,471.	0.	132,471.	132,471.
12/31/16	181,317.	0.	181,317.	181,317.
12/31/17	173,142.	0.	173,142.	173,142.
NOL CARRYO	VER AVAILABLE THIS	YEAR	948,133.	948,133.