| | For calendar year 2019 or other | (and proxy tax u | nder sectio | on 6033(e)) , and ending | \\ | 112 | | 2019 |
|--|---------------------------------|--|----------------------|-----------------------------|---------------------------------------|-----------------|------------------------------------|--|
| Department of the Treasury | | www irs gov/Form990T fo | or instructions a | | formation | | _ | an to Dublic Issues |
| Internal Revenue Service | | umbers on this form as it | | | | D1(c)(3) | 50 | en to Public Inspections (1(c)(3) Organizations |
| A Check box if address changed | Name of organization | on (Check box if nar | ne changed and | see instructions | 3) | | Employe (Employe instruction | er identification numb ees' trust, see ons) |
| B Exempt upder section | Print WILLIAM 7 | GRANT FOUN | NDATION, | INC. | | | | -1624021 |
| \mathbf{X} 501(\mathbf{d})(3) | or Number, street, and | froom or suite no If a P.O. | . box, see instruc | ctions | | | | d business activity co |
| 408(e) 220(e) | ^{Type} 60 E. 421 | ND_STREET, NO |). <u>43 F</u> L | | <u></u> | |] ` | |
| 408A 530(a) | | or province, country, and Z | | stal code | | | | |
| 529(a) | | NY 10165-0 | | | | _ | 5259 | 90 |
| C Book value of all assets at end of year | | number (See instructions. | | | | 7 404(=) | | Other tw |
| | 14. G Check organization | | corporation 1 | 501(c) tr | | 401(a) | | Other tr |
| | organization's unrelated tradi | | <u> </u> | | cribe the only (or one, complete F | | | an one |
| | ank space at the end of the p | | Parte Land II (| | | | | |
| business, then complete l | | nevious sentence, complet | e raits i aliu ii, t | Joinpiele a Join | adole IN IOI cacii | addition | ar ii aue oi | |
| | the corporation a subsidiary | in an affiliated group or a p | arent-subsidiary | controlled ara | 102 | | Yes | X No |
| 1 | nd identifying number of the | | arom outerany | oom ones gro | | , | | |
| | ▶ WILLIAM T | | NOITAC | INC. To | elephone number | r > 2 | 12-7 | 52-0071 |
| Part I Unrelated | Trade or Business | Income | | (A) Income | (B) | Expenses | | (C) Net |
| 🕯 a Gross receipts or sale | š | | | | | | İ | |
| b Less returns and allov | ances | c Balance | ▶ 1c | | | | | |
| 2 Cost of goods sold (S | chedule A, line 7) | A | 2 | | | | | |
| 3 Gross profit. Subtract | | <i>t</i> | 3 | | | | | _/ |
| 4a Capital gain net incom | , | بل ا | 4a | | | | | |
| | 4797, Part II, line 17) (attact | i Form 4797) | 4b | -2,93 | 3. | | | -2,93 |
| c Capital loss deduction | | (-1111-1-1-1-1 | 4c | 299,61 | 1 01 | CMT 3 | | 299,61 |
| | partnership or an S corporat | ion (attach statement) | 5 | <u> </u> | | .MI | ' | 233,01 |
| 6 Rent income (Schedul | e () ed income (Schedule E) | | 7 | | | | | |
| | alties, and rents from a contr | olled organization (Scheduk | | | | | | |
| · · · · · · · · · · · · · · · · · · · | a section 501(c)(7), (9), or (| = | | | | | | - |
| | rity income (Schedule I) | ., ., ., ., ., ., ., ., ., ., ., ., ., . | 10 | | | | | |
| 11 Advertising income (S | | | 11 | | | | | |
| • | tructions; attach schedule) | | 12 | | | | | |
| 13 Total. Combine lines | 3 through 12 | , | 13 | 296,67 | | | | 296,67 |
| Part II Deduction | ns Not Taken Elsev | vhere (See instruction | s for limitation | s on deductio | ns) | i i | | |
| <u></u> | must be directly connect | | usiness income | ∍) | | | , | |
| | cers, directors, and trustees | (Schedule K) | /FD | | | | 14 | |
| 15 Salaries and wages | | RECEI | /EU | | | | 15 | |
| 16 Repairs and mainten | ance | - | | | | | 16 | |
| 17 Bad debts | duda Vana vanatuuri ee ee | 중 NOV 2 3 | 2020 | פבים פי | TATEMENT | ۱ ۸ | 17 | 4,20 |
| Interest (attach scheinTaxes and licenses | dule) (see instructions) | | | 906 91 | . Aleneni | 4 | 18 19 | 13,33 |
| 20 Depreciation (attach, | Form 4562) | OGDEN | UT | 20 | | | 13 | |
| | imed on Schedule A and els | | | 21a | | | 21b | |
| 22 Depletion | and on concurre A and 615 | ominate on futurii | | [214] | | | 22 | 4,12 |
| • | rred compensation plans | | | | | | 23 | |
| 24 Employee benefit pro | | · | | | | | 24 | |
| 25 Excess exempt exper | | | | | | | 25 | |
| 26 Excess readership co | | | | | | | 26 | ı |
| 27 Other deductions (at | · · | | | SEE ST | PATEMENT | ' 5 | 27 | 91,81 |
| 28 Total deductions Ad | dd lines 14 through 27 | | | | _ | | 28 | 113,48 |
| 29 Unrelated business to | axable income before net opi | erating loss deduction. Sub | tract line 28 fron | n line 13 | On V | | 29 | 183,19 |
| <i>1</i> | erating loss arising in tax yea | ars beginning on or after Ja | nuary 1, 2018 | | ANA) 1 | | | |
| · (see instructions) | | | | | • | (| 30 | 100 11 |
| | syable income Subtract line | 30 from line 20 | | | | 1 | 3 | 183,19 |
| 31 Unrelated business to | r Paperwork Reduction Act | | | | | | | (Form 990-T (|

| | 20-T (2019) WILLIAM T. GRANT FOUNDATION, INC. | 13-1 | L624021 Page 2 |
|-------------|--|----------------|------------------------|
| Par | ······································ | | 102 107 |
| ა 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 82 | <u> 183,197.</u> |
| 33 | Amounts paid for disallowed fringes | 83 | |
| 34 | Charitable contributions (see instructions for limitation rules) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 34 | 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | 183,197. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | 183,197. |
| 37 | Total of unrelated business taxable income before specific deduction, Subtract line 36 from tine 35 | 37 | |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, | | |
| | enter the smaller of zero or line 37 | 39 | 0. |
| Par | t IV Tax Computation | | |
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from: | H | |
| • • | Tax rate schedule or Schedule D (Form 1041) | 121 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 48 | |
| | | 44 | |
| - 44 | Tax on Noncompliant Facility Income. See instructions | 45 | 0. |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments | 1 45 1 | |
| | | | |
| _ | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 48a | ł I | |
| p | | i I | |
| C | General business credit. Attach Form 3800 | | |
| đ | W. 11/1 3 1.1.1 | 1.1 | |
| 6 | Total credits. Add lines 46a through 46d | 46e | |
| 47 | Subtract line 46e from line 45 | 47 | 0. |
| 48 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (enach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| 51 a | Payments: A 2018 overpayment credited to 2019 |] [] [| |
| ь | 2019 estimated tax payments | | |
| C | Tax deposited with Form 8868 |] | |
| đ | Foreign organizations; Tax paid or withheld at source (see instructions) | | |
| | Backup withholding (see instructions) 51e | 1 1 | |
| | Credit for small employer health insurance premiums (attach Form 8941) | 1 1 | |
| | Other credits, adjustments, and payments: Form 2439 | [| |
| • | ☐ Form 4136 ☐ Other ☐ Total ► 57g | 1 1 | |
| 52 | Total payments. Add lines 51a through 51g | 52 | 23,181. |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| v 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | 23,181. |
| \\.58 | Enter the amount of line 55 you want: Credited to 2020 estimated tex 23,181. Refunded | 56 | 0. |
| Par | | <u> </u> | |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| 3, | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 163 110 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | } } |
| | | | 🔻 |
| | here | | $- \frac{x}{x}$ |
| 58 | 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. | | |
| | Enter the amount of tax-exempt interest received or accrued during the tax year | den end had | Lucia Sura |
| Sign | Under penalties of porjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | 18e sug pelle: | r, it is tue, |
| Here | VP, FINANCE & | By the IRS dis | scuss this return with |
| | ADMINISTRATION IN | | own below (see |
| | | structions)? | X Yes No |
| | Print/Type preparer's name Preparer's signature Date Check in | f PTIN | |
| Paid | d self- employed | 1 | |
| | parer ANAN SAMARA Wan - aman (1) (1) (1) | | 103452 |
| | Only Firm's name ▶ PKF O'CONNOR DAVIES, LLP Firm's EIN ▶ | <u> </u> | 1728945 |
| | 665 FIFTH AVENUE | | _ |
| | Firm's address ► NEW YORK, NY 10022 Phone no. 2 | | 6-2600 |
| 923711 | 01-27-20 | E | om 990-T (2019) |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory v | aluation N/A | | | |
|--|-------------------|--|----------|--|-----------|--|--|
| 1 Inventory at beginning of year | 1 | | 1 | Inventory at end of yea | ır | | 6 |
| 2 Purchases | 2 | | 7 | Cost of goods sold Su | ubtract I | line 6 | |
| 3 Cost of labor | 3 | | _ | from line 5 Enter here | and in f | Part I, | |
| 4a Additional section 263A costs | | | | line 2 | | ' | 7 |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | Yes No |
| Other costs (attach schedule) | 4b | | _ | property produced or a | cquired | for resale) apply to | |
| 5 Total Add lines 1 through 4b | 5 | | | the organization? | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | l Per | sonal Property L | .ease | d With Real Prope | rty) |
| 1 Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | <u> </u> | | | | | |
| | 2 Rent receiv | ed or accrued | | | | 2(a) Deductions directly s | onnected with the income in |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | e than | of rent for | personal | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge | columns 2(a) and | 2(b) (attach schedule) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | | 0. | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column | n (A) | > | | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | ınstru | ctions) | T | | |
| | | | 2 | Gross income from or allocable to debt- | (2) | Deductions directly connected to debt-finance Straight line depreciation | |
| 1 Description of debt-fit | nanced property | | | financed property | (4) | (attach schedule) | (attach schedule) |
| (1) | | | 1 | • | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to nced property h schedule) | 6 | Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | | |
| (2) | | | | % | | | |
| (3) | | | | % | | | |
| (4) | | | | % | | | |
| | | | | | | inter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | • | | 0. | 0. |
| Total dividends-received deductions | ncluded in columi | n 8 | | | | • | 0. |

Form **990-T** (2019)

| Schedule F - Interest, A | | | | | Controlled O | | | | | | |
|-----------------------------------|---|-----------------------------------|--------------------------------|--|--|---|--|----------------------------------|------------|---|---|
| 1 Name of controlled organizate | on | 2. Emp identific num | cation | | elated income instructions) | | al of specified nents made | | | 6 Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | · | | | | | | | | | | |
| Nonexempt Controlled Organiz | zations | | | | | | | | | | |
| 7 Taxable Income | | nrelated incom ee instructions | | 9 Total | of specified payi made | ments | 10 Part of colur in the controlli gross | nn 9 tha ng organ s income | nization's | | eductions directly connected h income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | | | Add colun Enter here and line 8, c | | 1, Part I, | | dd columns 6 and 11 here and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | ▶ | | | 0. | | 0. |
| Schedule G - Investme | | ne of a S | Section | 501(c)(7 |), (9), or (| 17) Org | anization | - | | | |
| (see instr | uctions) | | | | | | 0.5.4.4. | | <u> </u> | | E Table de de de de de |
| 1 Descri | ription of incor | me | | | 2. Amount of | ıncome | Deduction directly conne (attach sched) | cted | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | ·· - | | | Enter here and | | | | | | Enter here and on page 1 |
| | | | | | Part I, line 9, co | | | | | | Part I, line 9, column (B) |
| Totals Schedule I - Exploited I | Funna | A adiraida a | lassass | Othor | Than Adı | 0. | a Incomo | | | | |
| (see instru | - | ACTIVITY | IIICOIII | e, Other | man Au | rei tisiii | ig income | | | | |
| (occ mond | | 1 | | | 4 Net incon | 20 (1000) | | | T | | _ |
| Description of exploited activity | 2. G unrelated income trade or b | business e from | directly of with pro of uni | penses connected oduction related s income | from unrelated business (co minus colum gain, comput through | trade or olumn 2 n 3) If a e cols 5 | 5 Gross inco from activity t is not unrelat business inco | hat ed | attribu | penses table to mn 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | Enter here page 1, line 10, c | Part I, | page 1 | re and on 1, Part I, , col (B) | | | | | | | Enter here and on page 1, Part II, line 25 |
| Totals | | 0. | | 0. | | | | | | | 0. |
| Schedule J - Advertisir | | | | | | | - | | | | |
| Part I Income From I | Periodic | als Repo | orted o | n a Cons | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (c col 3) If a g | tising gain of 2 minus ain, computi hrough 7 | 5 Circular e income | | 6. Read | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | T | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | - | | | | | | | | | |
| (3) | | | 0 | | cols 5 ti | nrough 7 | | | | | than col |

Form **990-T** (2019)

Form 990-T (2019) WILLIAM T. GRANT FOUNDATION, INC. 13-16240

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| | , , | | | | | • |
|----------|--|---|---|--|--|--|
| | 2. Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6. Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| | | | | | | |
| | • | | | | | |
| | | | | | | |
| | | | | | | |
| • | 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 26 |
| • | , 0. | | <u> </u> | | | 0. |
| | | 2. Gross advertising income D. Enter here and on page 1, Part 1, line 11, col (A) , 0. | 2. Gross advertising advertising costs Do Oo Enter here and on page 1, Part 1, line 11, col (A) The color of the color | 2. Gross advertising and or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Double Enter here and on page 1, Part 1, line 11, col (A) Durect advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 2. Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 D. O. Enter here and on page 1, Part 1, line 11, col (A) D. O. O. | 2. Gross advertising income 3 Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 6. Readership costs 6. Readership costs 6. Readership costs 7. Costs 6. Readership costs 6. Readership costs 8. Readership costs 9. Costs 1. Cost |

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

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

Form 990-T (2019)

| FOOTNOTES | STATEMENT 2 |
|--|--------------------------------|
| FORM 990-T, LINE 19 | |
| STATE TAXES: ALABAMA ARIZONA NEW YORK NORTH CAROLINA | 580. 50. 12,373. 200. |
| TOTAL STATE TAXES | 13,203. |
| FOREIGN TAXES: TIFF PARTNERS V-US LLC TIFF PRIVATE EQUITY PARTNERS 2008, LLC TIFF SECONDARY PARTNERS II, LLC | 17. 97. 15. |
| TOTAL FOREIGN TAXES | 129 |
| TOTAL TAXES PAID | 13,332 |

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 3 |
|--|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| ASP IV ALTERNATIVE INVESTMENTS LP - ORDINARY BUSINESS | |
| INCOME (LOSS) CAPITAL DYNAMICS CHAMPION VENTURES IV (Q) LP - ORDINARY | -515. |
| BUSINESS INCOME (LOS | -479. |
| CAPITAL DYNAMICS CHAMPION VENTURES IV (Q) LP - OTHER | 100 |
| INCOME (LOSS) CRYSTAL RIDGE PARTNERS LP - ORDINARY BUSINESS INCOME | 193. |
| (LOSS) | 244,932. |
| MAKENA RE FUND II LP - ORDINARY BUSINESS INCOME (LOSS) | 23,397. |
| MAKENA RE FUND II LP - NET RENTAL REAL ESTATE INCOME | -5,270. |
| MAKENA RE FUND II LP - INTEREST INCOME | 6,731 |
| MAKENA RE FUND II LP - DIVIDEND INCOME | 8,010. |
| MAKENA RE FUND II LP - OTHER PORTFOLIO INCOME (LOSS) | 1. |
| NORTH ATLANTIC VENTURE FUND V LP - INTEREST INCOME | 21,239 |
| NORTH ATLANTIC VENTURE FUND V LP - OTHER INCOME (LOSS) | -20,016. |
| SEACOAST CAPITAL PARTNERS IV LP - ORDINARY BUSINESS INCOME | 20,010 |
| (LOSS) | 434 |
| TIFF PARTNERS V - US LLC - ORDINARY BUSINESS INCOME (LOSS) | |
| TIFF PARTNERS V - US LLC - UNTEREST INCOME (LOSS) | 2,523 |
| FIFF PARTNERS V - US LLC - INTEREST INCOME PIFF PARTNERS V - US LLC - OTHER PORTFOLIO INCOME (LOSS) | 9,956 |
| PIFF PRIVATE EQUITY PARTNERS 2006 LLC - ORDINARY BUSINESS | 3,330 |
| ··· | 5,173 |
| NCOME (LOSS) | 5,175 |
| TIFF PRIVATE EQUITY PARTNERS 2006 LLC - NET RENTAL REAL | 2 |
| ESTATE INCOME | 2 |
| TIFF PRIVATE EQUITY PARTNERS 2006 LLC - INTEREST INCOME | 9 |
| TIFF PRIVATE EQUITY PARTNERS 2006 LLC - ROYALTIES | 332 |
| TIFF PRIVATE EQUITY PARTNERS 2006 LLC - OTHER PORTFOLIO | |
| NCOME (LOSS) | 778 |
| PIFF PRIVATE EQUITY PARTNERS 2007 LLC - ORDINARY BUSINESS | |
| NCOME (LOSS) | -68,774 |
| PIFF PRIVATE EQUITY PARTNERS 2007 LLC - INTEREST INCOME | 15,220 |
| PIFF PRIVATE EQUITY PARTNERS 2007 LLC - OTHER PORTFOLIO | |
| NCOME (LOSS) | 42,603 |
| FIFF PRIVATE EQUITY PARTNERS 2008 LLC - ORDINARY BUSINESS | |
| INCOME (LOSS) | -4,510 |
| PIFF PRIVATE EQUITY PARTNERS 2008 LLC - NET RENTAL REAL | |
| STATE INCOME | 3 |
| IFF PRIVATE EQUITY PARTNERS 2008 LLC - INTEREST INCOME | 270 |
| PIFF PRIVATE EQUITY PARTNERS 2008 LLC - DIVIDEND INCOME | 713 |
| FIFF PRIVATE EQUITY PARTNERS 2008 LLC - ROYALTIES | 1,162 |
| IFF PRIVATE EQUITY PARTNERS 2008 LLC - OTHER INCOME | |
| LOSS) | 505 |
| PIFF SECONDARY PARTNERS II LLC - ORDINARY BUSINESS INCOME | |
| LOSS) | 3,113 |
| PIFF SECONDARY PARTNERS II LLC - OTHER PORTFOLIO INCOME | -, |
| LOSS) | -3,226 |
| PIFF SPECIAL OPPORTUNITIES FUND LLC - ORDINARY BUSINESS | 3,220 |
| | -10,661 |
| NCOME (LOSS) | -10,001 |
| VENTURE INVESTMENT ASSOCIATES VII LP - ORDINARY BUSINESS | 41 000 |
| INCOME (LOSS) | 41,023 |
| VENTURE INVESTMENT ASSOCIATES VII LP - NET RENTAL REAL | ^ |
| ESTATE INCOME | 8 |
| • | CONDEMENTO/C\ |

| WILLIAM T. GRANT FOUNDATION, INC. | 13-1624021 |
|--|--|
| VENTURE INVESTMENT ASSOCIATES VII LP - OTHER NET REN INCOME (LOSS) VENTURE INVESTMENT ASSOCIATES VII LP - INTEREST INCOMENTURE INVESTMENT ASSOCIATES VII LP - ROYALTIES VENTURE INVESTMENT ASSOCIATES VII LP - OTHER PORTFOL INCOME (LOSS) TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5 | -5,876. ME 70. 883. |
| FORM 990-T INTEREST PAID | STATEMENT 4 |
| DESCRIPTION | AMOUNT |
| NORTH ATLANTIC VENTURE FUND V LP TIFF PRIVATE EQUITY PARTNERS 2007 LLC | 4,138. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 18 | 4,207. |
| | |
| FORM 990-T OTHER DEDUCTIONS | STATEMENT 5 |
| DESCRIPTION | AMOUNT |
| TAX RETURN PREPARATION FEES MAKENA RE FUND II LP TIFF PARTNERS V - US LLC TIFF PRIVATE EQUITY PARTNERS 2006 LLC TIFF PRIVATE EQUITY PARTNERS 2007 LLC TIFF PRIVATE EQUITY PARTNERS 2008 LLC TIFF SPECIAL OPPORTUNITIES FUND, LLC VENTURE INVESTMENT ASSOCIATES VII LP | 5,500. 7,911. 2,588. 9,045. 13,962. 15,072. 22,609. 19,255. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 27 | 95,942. |

| FORM 990-T | NET | OPERATING LOSS D | EDUCTION | STATEMENT 6 |
|-------------|-----------------------------------|-------------------------------|-------------------|------------------------|
| 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. | 82,485. | 0. | 0. |
| 12/31/12 | 327,665. | 327,665. | 0. | 0. |
| 12/31/13 | 71,651. | 71,651. | 0. | 0. |
| 12/31/14 | 33,605. | 33,605. | 0. | 0. |
| 12/31/15 | 132,471. | 22,164. | 110,307. | 110,307. |
| 12/31/16 | 181,317. | 0. | 181,317. | 181,317. |
| 12/31/17 | 173,142. | ` 0. | 173,142. | 173,142. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 464,766. | 464,766. |
| FORM 990-T | | CONTRIBUTIONS | | STATEMENT 7 |
| DESCRIPTION | /KIND OF PROPERTY | METHOD USED TO | O DETERMINE FMV | AMOUNT |
| | N FROM 990-PF N FROM 2019 K-1S | N/A N/A | | 13,223,929 1,169 |
| | RM 990-T, PAGE 2, | 0.4 | | 13,225,098 |

| FORM 990-T | CONTR | IBUTIONS SUMMARY | | STATEMENT 8 |
|--|--|---|-------------------------------|-------------|
| | CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT | | | |
| FOR TAX FOR TAX FOR TAX FOR TAX | OF PRIOR YEARS UNUSED YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 | CONTRIBUTIONS 11,072,948 12,057,688 12,371,349 12,534,505 | | , |
| TOTAL CARI | RYOVER RENT YEAR 10% CONTRIBU | TIONS | 48,036,490 13,225,098 | |
| | TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD | JUSTED | 61,261,588 0 | _ |
| EXCESS 10 | NTRIBUTIONS D% CONTRIBUTIONS ESS CONTRIBUTIONS | • | 61,261,588 0 61,261,588 | _ |
| ALLOWABLE | CONTRIBUTIONS DEDUCTI | ON | | |
| TOTAL CONT | TRIBUTION DEDUCTION | | | 0 |

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OM8 No 1545-0123

Name

Employer identification number

| WILLIAM T. GRANT FO | OUNDATION, INC | 2. | | 13- | 1624021 |
|---|----------------------------------|---------------------------------|--|-----|---|
| Did the corporation dispose of any investmen | | | | | Yes X No |
| If "Yes," attach Form 8949 and see its instruc | | | | | , |
| Part I Short-Term Capital Gai | | | guiii oi loss | | |
| See instructions for how to figure the amounts | | | 1 ,, | | |
| to enter on the lines below | (d) Proceeds | (e) Cost | (g) Adjustments to gair or loss from Form(s) 894 | 9, | (h) Gain or (loss) Subtract column (e) from column (d) and |
| This form may be easier to complete if you round off cents to whole dollars | (sales price) | (or other basis) | Part I, line 2, column (g) |) | combine the result with column (g) |
| 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 | | | | | -136. |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind | d exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computa | ition) | | | 6 | (|
| 7 Net short-term capital gain or (loss). Combine | e lines 1a through 6 in column | ı h | | 7 | -136. |
| Part II Long-Term Capital Gain | ns and Losses (See | instructions.) | | | |
| See instructions for how to figure the amounts to enter on the lines below | (d) | (e) | (g) Adjustments to gain | | (h) Gain or (loss) Subtract |
| This form may be easier to complete if you round off cents to whole dollars | (d) Proceeds (sales price) | (e) Cost (or other basis) | or loss from Form(s) 8949 Part II, line 2, column (g) | 9, | column (e) from column (d) and combine the result with column (g) |
| 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 | | | | | |
| 8b Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box D checked | | | | | |
| 9 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box E checked | | | | | |
| 10 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box F checked | | | <u> </u> | | -14,829. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | |
| 12 Long-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind | d exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine | | n h | | 15 | -14,829. |
| Part III Summary of Parts I and | 1 11 | | | | |
| 16 Enter excess of net short-term capital gain (lin | ie 7) over net long-term capita | al loss (line 15) | | 16 | |
| 17 Net capital gain. Enter excess of net long-term | | | e 7) | 17 | |
| 18 Add lines 16 and 17. Enter here and on Form | 1120, page 1, line 8, or the pr | oper line on other returns | Į | 18 | 0. |
| Note: If losses exceed gains, see Capital Los | ses in the instructions. | | | | |
| LHA For Paperwork Reduction Act Notice, | see the Instructions for Form | 1120. | | 5 | Schedule D (Form 1120) 2019 |

921051 12-16-19

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

2019 Attachment Seguence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

WILLIAM T. GRANT FOUNDATION, INC.

13-1624021

| Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which t | ation as Form 10 box to check | 99-B Either will s | show whether you | r basıs (usually you | r cost) was | reported to the IF | ibstitute RS by your |
|---|----------------------------------|--------------------------|-----------------------|-------------------------|--|----------------------|------------------------------------|
| Part I Short-Term. Transact transactions, see page 2 | ions involving capit | tal assets you held | 1 year or less are ge | nerally short term (see | nstruction | s) For long term | |
| Note. You may aggregate all codes are required. Enter the | | | | | | | |
| You must check Box A, B, or C below of the following that the following the following that the following the following that the following | | | | | | | each applicable box |
| (A) Short-term transactions rep | | | - | | Note ab | ove) | |
| (B) Short-term transactions rep | | | | eported to the IRS | | | |
| X (C) Short-term transactions no | t reported to you | on Form 1099-I | В | T- ··- | | | |
| 1 (a) | (b) | (c) | (d) Proceeds | (e) Cost or other | Adjustment, if any, to gain or loss If you enter an amount | | (h) Gain or (loss). |
| Description of property (Example 100 sh XYZ Co) | Date acquired (Mo, day, yr) | Date sold or disposed of | (sales price) | basis See the | ın column | (g), enter a code in | Subtract column (e) |
| (Example 100 sil X12 00) | (IVIO, day, yr) | (Mo, day, yr) | | Note below and | column (f). See instructions (f) (g) | | from column (d) & |
| | | , , , , , | | the instructions | Code(s) | Amount of | combine the result with column (g) |
| CAPITAL DYNAMICS | | | | the mandenons | ` ' | adjustment | with column (g) |
| CHAMPION VENTURES | | | | | | | |
| | VARIOUS | VARIOUS | | | | <u>-</u> - | <11.> |
| VENTURE INVESTMENT | VARCIOUS | VARCIOUS | | | | | |
| | VARIOUS | VARIOUS | | | | | 3. |
| TIFF PARTNERS V-US | VIIICIOD | V211(1000 | | | | | |
| | VARIOUS | VARIOUS | | <u> </u> | | | <132.> |
| TIFF PRIVATE | VIIICEOOD | VILLEGOS | | | | | (1321) |
| EQUITY PARTNERS | | | | | | | |
| 2008, LLC | VARIOUS | VARIOUS | | | | | 4. |
| | 1121200 | 1121200 | | | | | |
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| | <u> </u> | l | | | | | |
| 2 Totals. Add the amounts in colun | nns (d), (e), (g), a | nd (h) (subtract | | | | | |
| negative amounts) Enter each to | | - | | | | | |
| Schedule D, line 1b (if Box A abo | | | | | | | 100 |
| above is checked), or line 3 (if B | • | | | L | | | <136 <u>.</u> > |
| Note: If you checked Boy A shove h | ut the back rene | ortad to the IRS | was incorrect enti | er in column (e) the | hacie ae r | anorted to the IRS | and enter an |

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

LLC

TIFF PRIVATE **EQUITY PARTNERS**

TIFF PRIVATE **EQUITY PARTNERS**

2006 LLC

<1,410.>

107.

<u>22,</u>506.

Namo(s) shown on return. Name and SSN or taxpayor identification no inet required if shown on page 1

Social security number or taxpayer identification no.

WILLIAM T. GRANT FOUNDATION. INC.

VARIOUS

VARIOUS

VARIOUS

VARIOUS

13-1624021

| Before you check Box D, E, or F belo statement will have the same information | ow, see whether | you received any | Form(s) 1099-B o | r substitute statem | ent(s) from | your broker A su | bstitute RS by your |
|--|----------------------|----------------------|------------------------|----------------------------------|-----------------------------|--|------------------------|
| broker and may even tell you which t | oox to check | 33-D Littlei Will S | snow whether you | (asaany you | r costy was | reported to the in | |
| Part II Long-Term. Transaction | ons involving capita | al assets you held r | nore than 1 year are | generally long-term (s | ee instruction | ons) For short-term t | ransactions, |
| see page 1 Note: You may aggregate all | | | | | | | |
| codes are required. Enter the | totals directly on | Schedule D, line 8a | ı, you aren't required | to report these trans | actions on F | form 8949 (see instru | ictions) |
| You must check Box D, E, or F below. O | | | | | | | each applicable box |
| (D) Long-term transactions rep | | | . , | | • | | |
| (E) Long-term transactions rep | • | • | • | • | | , | |
| X (F) Long-term transactions not | • | | • | | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustmer | (h) | |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | I IOSS II Y | ou enter an amount (g), enter a code in | In Subtract column (a) |
| (Example 100 sh XYZ Co) | (Mo , day, yr) | disposed of | (sales price) | basis See the | column (f). See instruction |). See instructions | |
| | | (Mo , day, yr) | | Note below and see Column (e) In | (f) | (g) | combine the result |
| | ! | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| VENTURE INVESTMENT | | | | | | | |
| ASSOCIATES VII LP | VARIOUS | VARIOUS | | | | | <28.> |
| CAPITAL DYNAMICS | | | | | | | |
| CHAMPION VENTURES | | | | | | | |
| IV (Q) LP | VARIOUS | VARIOUS | | | | | <303.> |
| NORTH ATLANTIC | | | | | | | |
| VENTURE FUND V, LP | VARIOUS | VARIOUS | | | | | <37,706.> |
| TIFF PARTNERS V-US | | | | | • | | |

| 2008, LLC | VARIOUS | VARIOUS | | | 22,506 |
|------------------|--------------|-------------|--------------|------|--------|
| TIFF SECONDARY | | | | | |
| PARTNERS II. LLC | VARIOUS | VARIOUS | | | 2,005 |
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2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

<14,829.>

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 (q) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment