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|  | EXTE  | NDED TO NOV                  | EMB:      | ER 16, 2020             | )                      | •         |   |
|--|---|------------------------------|-----------|-------------------------|------------------------|-----------|---|
| Form 990-T   |   |                              |           |                         | Гах Returr             | ı         | OMB No 1545-0047  |
| 11   | (a  | nd proxy tax und             | er se     | ction 6033(e))          | 10112                  |           | 2019  |
| ' » "  |   |                              |           | , and ending            | 1912                   | _         | ZU 19   |
| Department of the Treasury<br>Internal Revenue Service | -   | •                            |           |                         |                        |           | Open to Public Inspection for 501(c)(3) Organizations Only    |
| A- Check box if address changed                        | Name of organization (  | Check box if name cl         | hanged    | and see instructions.)  |                        | (Emp      | oyer identification number<br>loyees' trust, see<br>actions ) |
| B Exempt under section                                 | Print THE GREATER NEW   | ORLEANS FOUNDATIO            | N         |                         |                        | 7:        | 2-0408921   |
| x 501(c <b>())</b> 3 )                                 | or Number, street, and room   | n or suite no. If a P.O. box | , see in  | structions              |                        |           | ated business activity code nstructions )                     |
| 408(e)220(e)   | 919 ST CHARLES A  | VENUE                        |           |                         |                        | ,         | ,   |
| 408A 530(a)  | City or town, state or pro  | vince, country, and ZIP or   | r foreigi | n postal code           |                        |           |   |
| 529(a)   |   |                              |           |                         |                        | 90000     | 01  |
| at end of year   |   |                              | <u> </u>  | 1 1                     |                        |           |   |
|  |   |                              |           |                         |                        |           | Other trust   |
|  | •   |                              | 1         |                         |                        |           |   |
|  |   |                              |           |                         |                        |           |   |
|  | •   | ous sentence, complete Pa    | irts I an | d II, complete a Schedu | le M for each addition | iai tradi | e or  |
|  |   | effiliated aroun or a paren  | st outo   | diana controlled group? |                        | Tv.       | es X No   |
|  |   |                              | it-suosi  | diary controlled group? | <b>&gt;</b> L          | Ye        | S A NO  |
|  |   | in corporation.              |           | Teleni                  | none number 🕨 (        | 504)      | 598-4663  |
|  |   | come                         |           | (A) Income              |                        |           | (C) Net   |
| <u> </u>   |   |                              |           |                         |                        |           | / .a. /   |
| · ·  |   | c Balance                    | 1c        |                         | Regarding to           | نبر،      | `   |
|  |   | ,                            | 2         |                         | -                      |           | /   |
|  |   |                              | 3         |                         |                        | i i       |   |
| •  |   |                              | 4a        |                         | . 1                    |           |   |
|  |   | n 4797)                      | 4b        |                         | 55 . 56.               | • •       |   |
| c Capital loss deduction                               | for trusts  |                              | 4c        |                         | · .                    |           |   |
| 5 Income (loss) from a                                 | partnership or an S corporation (a  | attach statement)            | 5         | -69,347                 | -STMT 1                |           | -69,347.  |
| 6 Rent income (Schedu                                  | le C)   |                              | 6         |                         |                        |           |   |
| 7 Unrelated debt-financ                                | ed income (Schedule E)  |                              | 7         |                         |                        |           |   |
|  |   | -                            | 8         |                         |                        |           |   |
| 9 Investment income of                                 | a section 501(c)(7), (9), or (17)   | organization (Schedule G)    |           | /                       | 1                      |           |   |
| • •  | •   |                              | ┝╼╾┽      | /_                      |                        |           |   |
|  | •   |                              | H         | _/                      |                        |           |   |
|  |   |                              |           |                         | 1 10                   |           | -69,347.  |
|  |   | PO (Con unatriuntions fo     |           |                         |                        |           | -69,347.  |
| (Deductions  | must be directly connected v  | vith the unrelated busin     | ness in   | come)                   | ,<br>                  |           |   |
|  | icers, directors, and trustees (Sch   | edule K)                     |           |                         |                        | 14        |   |
| <del>-</del>   |   |                              |           |                         |                        | 15        | 9,753.  |
| •  | ance  |                              |           |                         |                        | 16        |   |
|  | dula) (aaa wadawaka 🚄   |                              |           |                         |                        | 17        |   |
|  | dule) (see instructions)  |                              |           |                         |                        | 18        |   |
|  | Form 4563   |                              |           | امرا                    |                        | <b>├</b>  |   |
|  |   | re on return                 |           |                         | · -                    | 21b       |   |
|  | inner on Schedule A and eisewhe   | TE OII TELUTII               |           |                         |                        | 22        |   |
| · .  | erred compensation plans  | RECEIVE                      | D         | 1                       |                        | 23        |   |
| /  | ograme  |                              |           | ပ္ကု                    |                        | 24        | 2,194.  |
|  | nses (Schedule I)   | S NOV 2.5 202                | n to      | ဗို                     |                        | 25        | ,                       |
| / ' '  | osts (Schedule J)   |                              |           | <u>)</u>                |                        | 26        | <del></del>   |
| ,  |   | OCDEN                        | !<br> !   | SEE STATEME             | NT 2                   | 27        | 4,877.  |
|  |   | OGDEN, U                     | <u> </u>  |                         |                        | 28        | 16,824.   |
| ,  | Cand proxy tax under section 6033(e)   Q 2  |                              |           |                         | 29                     | -86,171.  |   |
| /  | · · · · · · · · · · · · · · · · · · ·   |                              |           |                         |                        |           |   |
| (see instructions)                                     |   |                              |           | SEE STATEME             | <b>VT</b> 3            | 30        | 0.  |
| 31 Unrelated business t                                | Check box   address changed   Print   THE   GREATER NEW ORLEANS FOUNDATION   THE   GREATER NEW ORLEANS FOUNDATION   Number, street, and room or suite no if a P.O. box, see instructions   Print   THE   GREATER NEW ORLEANS FOUNDATION   Number, street, and room or suite no if a P.O. box, see instructions   Print   The   GREATER NEW ORLEANS FOUNDATION   Number, street, and room or suite no if a P.O. box, see instructions   Print   Prin |                              |           |                         |                        |           | -86,171.  |
| 923701 01-27-20 LHA FO                                 | r Paperwork Reduction Act Notic   | e, see instructions          |           |                         |                        |           | Form <b>990-T</b> (2019)                                      |

| -           | (10)   |              |                    |             |          |
|-------------|--|--------------|--------------------|-------------|----------|
| Part        | III Total Unrelated Business Taxable Income  |              |                    |             |          |
| 32          | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                       | 3∤2          | ~ 8                | 36,1        | 71.      |
| 33 /        | Arhounts paid for disallowed fringes   | 33           |                    |             |          |
|             | Charitable contributions (see instructions for limitation rules) STMT 5 STMT 6   | 34           |                    |             | ╼.       |
|             | /_   | -            |                    | 36,1        |          |
|             | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33                |              |                    | ,,,         |          |
| 36 [        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 36           | _                  |             | 0.       |
| 37          | Fotal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | 37           |                    | 36,1        | 71.      |
| 38 5        | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38           |                    | 1,0         | 00.      |
| 39 I        | 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           | - {                | 36,1        | 71.      |
|             |  | <del></del>  |                    |             |          |
|             | IV Tax Computation   |              |                    |             |          |
|             | Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)   | 40           | <del></del>        |             | 0.       |
| 41          | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:  |              |                    |             |          |
| [           | Tax rate schedule or Schedule D (Form 1041)  | 41           |                    |             |          |
| 42 I        | Proxy tax. See instructions  | 42           |                    |             |          |
|             | Alternative minimum tax (trusts only)  | 43           |                    |             | _        |
|             |  | 44           |                    |             |          |
|             | Tax on Noncompliant Facility Income See instructions   | <u> </u>     |                    | ,           | _        |
| V           | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 45           |                    |             | 0.       |
| Part        | V Tax and Payments   |              |                    |             |          |
| 46a f       | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  |              |                    |             |          |
| ъ (         | Other credits (see instructions) 46b   | 1            |                    |             |          |
|             | General business credit Attach Form 3800 46c   | 1            |                    |             |          |
| •           | Credit for prior year minimum tax (attach Form 8801 or 8827)   |              |                    |             |          |
|             |  | 40.          |                    |             |          |
| -           | Total credits Add lines 46a through 46d  | 46e          |                    |             |          |
|             | Subtract line 46e from line 45   | 47           |                    |             | 0.       |
| 48 (        | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  | 48           |                    |             |          |
| 49          | Total tax Add lines 47 and 48 (see instructions)   | 49           |                    |             | 0.       |
| 50 2        | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50           |                    |             | 0.       |
|             | Payments: A 2018 overpayment credited to 2019  | r            |                    | ,           | _        |
|             | •  | 1 1          |                    |             |          |
|             |  | 1 1          |                    |             |          |
|             | Fax deposited with Form 8868   | 1 1          |                    |             |          |
| đ F         | Foreign organizations: Tax paid or withheld at source (see instructions)   |              |                    |             |          |
| e E         | Backup withholding (see instructions) 51e  |              |                    |             |          |
| f (         | Credit for small employer health insurance premiums (attach Form 8941)   |              |                    |             |          |
|             | Other credits, adjustments, and payments: Form 2439  |              |                    |             |          |
| ໍ້ເ         | Form 4136 Other Total > 51g  | 1            |                    |             |          |
| دم .<br>د   |  | 52           |                    |             |          |
|             | Total payments Add lines 51a through 51g   | <del></del>  |                    |             | —        |
|             | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 53           |                    |             |          |
|             | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54           |                    |             |          |
| 55          | Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55           |                    |             |          |
| 56 E        | Enter the amount of line 55 you want: Credited to 2020 estimated tax   | 56           |                    |             |          |
| Part        | VI Statements Regarding Certain Activities and Other Information (see instructions)  |              |                    |             |          |
| <del></del> | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority                                |              | Ye                 | es          | No       |
|             | 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                                     |              |                    |             |          |
| · 1         | nere >   |              | — ⊢                | <del></del> | <u> </u> |
| 58 l        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?                  |              | L                  |             | <u> </u> |
|             | If "Yes," see instructions for other forms the organization may have to file.  |              |                    |             |          |
| 59 8        | Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 💲  |              |                    |             |          |
| •           | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known | vledge and   | belief, it is true | ),          | _        |
| Sign        | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge                  |              |                    |             |          |
| Here        | 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2  | •            | discuss this retu  |             | n        |
|             |  |              | shown below (se    |             | No.      |
|             |  | structions)? | X Yes              |             | No       |
|             | Print/Type preparer's name   Preparer's signature   Date   Check   if  | PTIN         |                    |             |          |
| Paid        | self- employed   |              |                    |             |          |
| Prep        | JOHN S. WILES, CPA (M) WIN   10 17 70 10   | P01          | 222673             |             |          |
| •           | diei Finder D. V. PODER D. D. C.   | 72-          | 1088864            |             |          |
| Use (       | 111 VETERANS MEMORIAL BLVD. #600   |              | •                  |             |          |
|             | '  | 04-835-      | -5522              |             |          |
|             |  |              |                    | T :         | 24.5     |
| 923711 0    | 11-27-20   |              | Form 990-          | · 1 (20     | J191     |

| Schedule A - Cost of Good   | s Sold. Enter                                     | method of inven   | tory valuation  | N/A            |   | <del></del>  |            |  |              |
|---|---|---|---|----------------|---|--|------------|--|--------------|
| 1 Inventory at beginning of year  | 1   | <del></del>   | 6 Inventory   | at end of year | r                                       |  | 6          |  |              |
| 2 Purchases   | 2   | <del></del>   | 7 Cost of go  | ods sold Su    | btract li                               | ne 6   | 100        |  |              |
| 3 Cost of labor   | 3   |   | from line 5   | . Enter here a | and in F                                | Part I,  |            |  |              |
| 4a Additional section 263A costs  |   |   | line 2  |                |   |  | 7          |  |              |
| (attach schedule)   | 4a  |   | 8 Do the rule   | s of section   | 263A (v                                 | with respect to  | -          | Ye   | s No         |
| b Other costs (attach schedule)   | 4b  |   | property p  | roduced or a   | cquired                                 | for resale) apply to   |            |  | _, ]         |
| 5 Total Add lines 1 through 4b  | 5   |   | the organi  |                |   |  |            |  |              |
| Schedule C - Rent Income (see instructions)   | (From Real  | Property and  | d Personal P  | roperty l      | Lease                                   | ed With Real Pro   | opert      | y)<br><del></del>                                      | <del>,</del> |
| 1 Description of property   |   |   |   |                |   |  |            |  |              |
| (1)   |   |   |   |                |   |  |            |  |              |
| (2)   |   |   |   |                |   |  |            |  |              |
| (3)   |   |   |   |                | *************************************** |  |            |  |              |
| (2)<br>(3)<br>(4)   |   |   |   |                |   |  |            | 1  |              |
|   | 2 Rent receiv                                     | ed or accrued   | -   |                |   | 0/->-  |            |  |              |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50% | e than  | of rent for p   | ind personal property<br>ersonal property exce<br>it is based on profit o | eds 50% or if  | ige                                     | 3(a) Deductions directi<br>columns 2(a) a                                      | and 2(b) ( | cted with the incon<br>attach schedule)                | ne in        |
| (1)   |   |   |   |                |   |  |            |  |              |
| (2)   |   |   |   |                |   |  |            |  |              |
| (3)   |   | 1   |   |                |   |  |            |  |              |
| (4)   |   |   | •   |                |   |  |            |  |              |
| Total   | 0.  | Total   |   |                | 0.                                      |  |            |  |              |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                        |   | nter -  |   |                | 0.                                      | (b) Total deductions<br>Enter here and on page 1<br>Part I, line 6, column (B) | <b>•</b>   |  | 0.           |
| Schedule E - Unrelated Del  | bt-Financed                                       | Income (see   | instructions)   |                |   |  |            |  |              |
|   | <del>, , , , , , , , , , , , , , , , , , , </del> |   | 2 Gross inco  |                |   | Deductions directly co<br>to debt-finar  |            |  |              |
| 1 Description of debt-fi  | nanced property                                   |   | or allocable t<br>financed pr   |                | (a)                                     | Straight line depreciation<br>(attach schedule)                                |            | (b) Other deduction (attach schedu                     |              |
| (1)   |   |   |   |                |   |  |            |  |              |
| (2)   |   | -   |   |                |   |  |            |  |              |
| (3)   |   |   |   |                |   |  |            |  |              |
| (4)   |   |   |   |                |   |  |            |  |              |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)          | of or debt-fine                                   | e adjusted basis<br>allocable to<br>anced property<br>h schedule) | 6 Column 4<br>by colum  |                |   | 7 Gross income reportable (column 2 x column 6)                                | (          | 8 Allocable ded<br>column 6 x total of<br>3(a) and 3(b | columns      |
| (1)   |   |   |   | %              |   |  |            |  |              |
| (2)   |   |   |   | %              |   |  |            |  |              |
| (3)   |   |   |   | %              |   | •  |            |  |              |
| (4)   |   |   |   | %              |   |  |            |  |              |
|   |   |   |   |                |   | nter here and on page 1,<br>Part I, line 7, column (A)                         |            | Enter here and on p<br>Part I, line 7, colur           |              |
| Totals  |   |   |   | ▶              |   |  | 0.         |  | 0.           |
| Total dividends-received deductions in  | ncluded in colum                                  | n 8   |   | - 1            | ·                                       |  | <b>▶</b>   |  | 0.           |
|   |   | <del></del>   | ·   |                |   |  |            | 5 000  | T (0010)     |

| 1. Name of controlled organization  2. Employee Identification  2. Employee Identification  3. An unablade income level (see instruction)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (10)  (9)  (10)  | Schedule F - Interest, 7            |                                   |                                  |                                | Controlled O  |   |                             |                        |                    |                | ·  |
|--|-------------------------------------|-----------------------------------|----------------------------------|--------------------------------|---|---|-----------------------------|------------------------|--------------------|----------------|--|
| (9)  Observation Controlled Organizations  7 Taxable income  8 Not unrelated income (see) (9) Total of socialed payments (10) (2) (3) (4)  Add columns 5 and 19 (10) (10) (2) (3) (4)  Add columns 6 and 11 (10) (10) (10) (10) (10) (10) (10) (1  | 1. Name of controlled organizat     | identif                           | fication                         | 3 Net unre                     | elated income   | 4. Tota                                       | I of specified              | ınclud                 | ed in the contri   | olling         | connected with income                                      |
| (9)  Observation Controlled Organizations  7 Taxable income  8 Not unrelated income (see) (9) Total of socialed payments (10) (2) (3) (4)  Add columns 5 and 19 (10) (10) (2) (3) (4)  Add columns 6 and 11 (10) (10) (10) (10) (10) (10) (10) (1  | (1)                                 |                                   |                                  |                                |   |   | ,,                          | <del> </del>           | <u></u>            |                | ····   |
| (9)  Observation Controlled Organizations  7 Taxable income  8 Not unrelated income (see) (9) Total of socialed payments (10) (2) (3) (4)  Add columns 5 and 19 (10) (10) (2) (3) (4)  Add columns 6 and 11 (10) (10) (10) (10) (10) (10) (10) (1  | (2)                                 |                                   |                                  |                                |   |   | <del></del>                 |                        |                    |                |  |
| (9)  Observation Controlled Organizations  7 Taxable income  8 Not unrelated income (see) (9) Total of socialed payments (10) (2) (3) (4)  Add columns 5 and 19 (10) (10) (2) (3) (4)  Add columns 6 and 11 (10) (10) (10) (10) (10) (10) (10) (1  | (3)                                 |                                   | ***                              |                                |   |   | <del></del>                 |                        |                    |                |  |
| Value   Valu   | (4)                                 |                                   |                                  |                                |   |   |                             | 1                      |                    |                |  |
| Total Personnel Response   B   New translated income please)   9   Total of appailable payments   10   Person of column 9 that is a translated of the excitoring payments (and the column 9 that is a translated of the column 10 that is a column 10 to the column 10 t   |                                     | zations                           |                                  |                                |   |   |                             | •                      |                    |                |  |
| Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (8)  Column (9)  Col | <del></del>                         | 8 Net unrelated inco              |                                  | 9 Total o                      |   | nents   | in the control              | lıng orgar             | nization's         | 11 Ded<br>with | uctions directly connected ncome in column 10              |
| Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (8)  Column (9)  Col | (1)                                 |                                   |                                  | <del>,</del>                   |   |   | <del></del>                 |                        | 1                  |                |  |
| Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (8)  Column (9)  Col | (2)                                 |                                   |                                  |                                |   |   |                             |                        | İ                  |                |  |
| Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (8)  Column (9)  Col | (3)                                 |                                   |                                  |                                |   |   |                             |                        | <u> </u>           |                | 1.730  |
| Add columns day and 10   Enter have and on page 1, Part 1, line 8, column (A)   0   0  |                                     |                                   |                                  |                                | ***   |   | <del></del>                 |                        |                    |                |  |
| 1 Description of income   2 Amount of income   3 Deductions   4 Set-asides (cut a place)   5 Total deductions and set-asides (cut a place)   6 (cut a plac   | Totals                              |                                   |                                  |                                |   | •   | Enter here and<br>line 8,   | d on page<br>column (/ | a 1, Part I,<br>A) | Enter he       | re and on page 1, Part I,                                  |
| 1 Description of income   2 Amount of income   3 Description of description contacted (statisch schedulus)   4 Sat-asidos (statisch schedulus)   4 Sat-asidos (statisch schedulus)   5 (statisch schedulus)   6 (statisch schedulus)   7 (statisch s   |                                     |                                   | Section                          | 501(c)(                        | 7), (9), or   | (17) Or                                       | ganizatio                   | n                      |                    |                |  |
| (1) (2) (3) (4)  Part I, line 9, column (A)  Part I, line  | <del></del>                         |                                   |                                  |                                | 2 Amount of   | ıncome  | directly conn               | ected                  |                    |                |  |
| (2) (3) (4)  Entite have and con page 1, 1  Pert 1, line 9, column (A)  Pert 1, line 9 column (A)  Pert 2, line 9 column (A)  Pert 2, line 9 column (A)  Pert 1, line 9 column (A)  Pert 2, line 9 column (A)  Pert 2, line 9 column (A)  Pert 3, line 9 column (A)  Pert 4, line 9 co | (1)                                 |                                   |                                  | -                              |   |   | (attach sche                | aule)                  | · · · · ·          |                | (coi 3 pius coi 4)   |
| Totals   Part I, line 8, column (A)   Part I, line 9, column (B)   Part I, line 10, col (B)   Part    | (1)                                 |                                   |                                  |                                |   |   |                             |                        |                    |                |  |
| Totals   Part I, line 8, column (A)   Part I, line 9, column (B)   Part I, line 10, col (B)   Part    | (2)                                 | <u> </u>                          |                                  |                                |   |   |                             |                        |                    |                | <del>                                     </del>           |
| Enter here and on page 1   Part I, Inne 6 column (A)   | (3)                                 |                                   |                                  |                                |   |   |                             |                        |                    |                |  |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited activity  2 Gross unrelated business income from exploited activity  1 Description of exploited activity  2 Gross unrelated business income from column 3 in and unrelated business income from column 3 in and unrelated business income of unrelated business income business income business income business income business income from activity hat an end unrelated business income business income business income business income from activity hat an end unrelated business income for an end unrelated business income from activity hat an end unrelated business income for an end unrelated business income for an end unrelated business income for activity hat an end unrelated business income for an end unrelated business income for activity hat an end unrelated business income for activity and unrelated business income for activity and unrelated business i | (4)                                 |                                   |                                  |                                |   | lumn (A)                                      | à,                          | ik a                   | M to a             | • •            | Enter here and on page<br>Part I, line 9 column (B)        |
| (see instructions)  1 Description of exploited extinity  2 Gress unrelated business income from unrelated business income supported extinity production of unrelated business income from unrelated business income business income supported exploited extinity shall business income from unrelated business income supported exploited extinity shall business income supported exploited extinity shall business income from activity shall business from unrelated business income from activity shall business forting activity shall business forting activity shall business forti |                                     | Exempt Activit                    | v Incom                          | e Other                        | r Than Δα   |   | na Incom                    |                        |                    | <del></del>    | <u> </u>   |
| 1 Description of exploited activity under the exploited activity and production of trade or business income from trade or business income or trade or business income or trade or business income from setuinty trade from trade or business income fr | •                                   | •                                 | ,                                | o, oo.                         |   |   |                             |                        |                    |                |  |
| (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising and or (less) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  |                                     | unrelated business<br>income from | directly c<br>with pro<br>of unr | onnected<br>oduction<br>elated | from unrelated<br>business (co<br>minus colum<br>gain, comput | I trade or<br>dumn 2<br>n 3) If a<br>e cols 5 | from activity is not unrela | that<br>ited           | attributa          | ible to        | expenses (column<br>6 minus column 5,<br>but not more than |
| (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising and or (less) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  | (1)                                 |                                   |                                  |                                |   |   | <del></del> -               |                        |                    |                |  |
| (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs advertising costs advertising costs and periodical set income  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  • Inter here and on page 1, Part I, line 10, col (B)  0 .  Enter here and on page 1, Part I, line 10, col (B)  9 Advortising gain or (loss) (col 2 minus col 3) if a gain, compute costs  1 Name of periodical  7 Excess readership costs (column 6 minus column 6 minus column 5, but not more than column 4)  1 Totals (carry to Part II, line (5))   | (2)                                 | ,                                 | 1                                |                                |   |   |                             |                        | L                  |                |  |
| (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  1 Name of periodical  2 Gross advertising costs  3 Direct advertising costs  3 Direct advertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute col 3 of a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  0 . 0 . 0 . 0 .   |                                     |                                   |                                  |                                |   | 1   |                             |                        |                    |                |  |
| Enter here and on page 1, Part I, line 10, col (A)  Totals  Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising costs advertising costs and column of the name of the  |                                     |                                   | <u> </u>                         |                                |   | İ   |                             | •                      |                    |                |  |
| Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical 2 Gross advertising income (see instructions)  2 Gross advertising costs or (loss) (col 2 minus or (loss) (col 2 minus column 5). Circulation income (sots) (column 6 minus column 5) to the normal column 5 to the normal column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  |                                     | page 1, Part I,                   | page 1                           | , Part I,<br>col (B)           | 4   |   | FH+                         |                        | ,                  | ٠              | on page 1<br>Part II, line 25                              |
| Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising costs advertising costs income  3 Direct advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))   | Totals •                            | <u> </u>                          | 1                                |                                |   | r   |                             |                        |                    | ·              | 0  |
| 1 Name of periodical  2 Gross advertising costs  3 Direct advertising costs  or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))   3 Direct advertising costs  or (loss) (col 2 minus col 2 minus col 3) If a gain, compute cols 5 through 7  5 Circulation income  5 Readership costs (column 6 minus column 5, but not more than column 4)  Totals (carry to Part II, line (5))   |                                     |                                   |                                  |                                | solidated   | Basis   |                             | <del></del>            |                    |                |  |
| (1) (2) (3) (4)  Totals (carry to Part II, line (5))   0. 0.   | 1 Name of periodical                | advertising                       |                                  |                                | or (loss) (c<br>col 3) If a g                                 | ol 2 minus<br>ain, comput                     |                             |                        |                    |                | costs (column 6 minus<br>column 5, but not more            |
| (2) (3) (4)  Totals (carry to Part II, line (5))   0. 0.   | (1)                                 |                                   |                                  |                                |   | ,   |                             |                        |                    |                | ¥.   |
| (3) (4)  Totals (carry to Part II, line (5)) ▶ 0. 0.   | (2)                                 |                                   |                                  |                                |   | . ~ ~   |                             |                        |                    | }              | •  |
| (4)  Totals (carry to Part II, line (5)) ▶ 0. 0. 0.  | (3)                                 |                                   |                                  |                                |   |   |                             |                        |                    |                | Ę  |
| Totals (carry to Part II, line (5)) ▶ 0. 0.  |                                     |                                   |                                  |                                | -   | <u> </u>                                      |                             |                        |                    |                | <u>' '</u>   |
| 701.01 (02.17) 10 / 01 / 11  |                                     |                                   |                                  |                                |   |   |                             |                        |                    |                |  |
|  | Totals (carry to Part II, line (5)) | <b></b>                           | 0.                               |                                | 0.  |   |                             |                        |                    |                |  |

Part III 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)

| . 1. Name of periodical     | 2 Gross<br>advertising<br>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 | Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4) |
|-----------------------------|--|--|---|----------------------|--------------------|--|
| (1)                         |  |  |   |                      |                    |  |
| (3)                         |  |  |   |                      |                    | -  |
| (4)                         |  |  |   |                      |                    | •  |
| Totals from Part I          | · ^ 0.   | 0.   |   |                      |                    | C  |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                      |                    | Enter here and<br>on page 1,<br>Part II, line 26                                       |
| Totals, Part II (lines 1-5) | <b>-</b>   0.  | 0.   | Chillian Carrier  | 外的理解。是不過             |                    |  |

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

| 1 Name  | 2 Title | 3 Percent of<br>time devoted to<br>business | 4 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 (2019)

| FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS                               | STATEMENT 3             |
|--|-------------------------|
| DESCRIPTION  | NET INCOME<br>OR (LOSS) |
| TIFF PRIVATE EQUITY PARTNERS 2006, LLC - ORDINARY BUSINESS               |                         |
| INCOME (LOSS)  | -2,669                  |
| TIFF PRIVATE EQUITY PARTNERS 2007, LLC - ORDINARY BUSINESS               |                         |
| INCOME (LOSS)  | -11,241                 |
| TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS) | 2,972                   |
| TIFF PRIVATE EQUITY PARTNERS 2009, LLC - ORDINARY BUSINESS               | 2,512                   |
| INCOME (LOSS)  | 4,051                   |
| TIFF PRIVATE EQUITY PARTNERS 2012, LLC - ORDINARY BUSINESS               |                         |
| INCOME (LOSS)  | -7,426                  |
| TIFF PRIVATE EQUITY PARTNERS 2013, LLC - ORDINARY BUSINESS               | -2,217                  |
| INCOME (LOSS) TIFF PRIVATE EQUITY PARTNERS 2014, LLC - ORDINARY BUSINESS | -2,217                  |
| INCOME (LOSS)  | -1,662                  |
| TIFF PRIVATE EQUITY PARTNERS 2015, LLC - ORDINARY BUSINESS               | ·                       |
| INCOME (LOSS)  | -31,626                 |
| TIFF REALTY AND RESOURCES II, LLC - ORDINARY BUSINESS                    |                         |
| INCOME (LOSS) TIFF REALTY AND RESOURCES III, LLC - ORDINARY BUSINESS     | -414                    |
| INCOME (LOSS)  | -1,136                  |
| TIFF REALTY AND RESOURCES IV, LLC - ORDINARY BUSINESS                    | - <b>,</b>              |
| INCOME (LOSS)  | -12,456                 |
| TIFF REALTY AND RESOURCES 2008, LLC - ORDINARY BUSINESS                  |                         |
| INCOME (LOSS)  | -1,485                  |
| TIFF REALTY AND RESOURCES 2009, LLC - ORDINARY BUSINESS                  | 5,035                   |
| INCOME (LOSS) TIFF SPECIAL OPPORTUNITIES FUND, LLC - ORDINARY BUSINESS   | 3,033                   |
| INCOME (LOSS)  | -22,686                 |
| TIFF SECONDARY PARTNERS II, LLC - ORDINARY BUSINESS INCOME               |                         |
| (LOSS)   | 756                     |
| SUSTAINABLE ASSET FUND II, LP - ORDINARY BUSINESS INCOME                 | 49 499                  |
| (LOSS)<br>RRG GLOBAL PARTNERS FUND, LP - ORDINARY BUSINESS INCOME        | -13,133                 |
| (LOSS)   | 25,990                  |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5                             | -69,347                 |

| FORM ,990-T   |   | OTHER DEDUCTI   | ONS   | STATEMENT   |
|---|---|---|---|---|
| DESCRIPTION   | ī   |   |   | AMOUNT  |
| OVERHEAD  | -   |   |   | 4,877   |
| TOTAL TO FO   | ORM 990-T, PAGE 1,  | LINE 27   |   | 4,877   |
| FORM 990-T  | NET   | OPERATING LOSS D  | EDUCTION  | STATEMENT   |
| TAX YEAR  | LOSS SUSTAINED  | LOSS<br>PREVIOUSLY<br>APPLIED   | LOSS<br>REMAINING   | AVAILABLE<br>THIS YEAR  |
| 12/31/18  | 19,363.   | 0.  | 19,363.   | 19,363.   |
|   |   |   |   |   |
| NOL CARRYOV   | ER AVAILABLE THIS   | YEAR  | 19,363.   | 19,363.   |
|   |   | YEAR OPERATING LOSS D   |   | 19,363.  STATEMENT  |
| FORM 990-T  |   |   |   |   |
| FORM 990-T  | NET   | OPERATING LOSS D LOSS PREVIOUSLY  | DEDUCTION   | STATEMENT   |
| FORM 990-T TAX YEAR 12/31/06  | LOSS SUSTAINED  13,760. 17,740.   | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740.  | LOSS<br>REMAINING  0. 0.  | STATEMENT  AVAILABLE THIS YEAR  0.  |
| TAX YEAR  12/31/06 12/31/07   | NET  LOSS SUSTAINED  13,760. 17,740. 93,652.  | LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652.  | LOSS<br>REMAINING  0. 0. 0.   | STATEMENT  AVAILABLE THIS YEAR  0. 0.                                       |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/09   | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066.   | LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066.   | LOSS REMAINING  0. 0. 0. 0.   | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0.                                    |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/09 12/31/10  | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066. 10,643.                                 | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066. 10,643.                 | LOSS REMAINING  0. 0. 0. 0. 0.  | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0. 0.                                 |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/09 12/31/10 12/31/11                                     | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066. 10,643. 88,343.                         | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066. 10,643. 8,707.          | DEDUCTION  LOSS REMAINING  0. 0. 0. 0. 79,636.                            | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0. 0. 79,636.                         |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/10 12/31/11 12/31/11                                     | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066. 10,643. 88,343. 88,766.                 | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066. 10,643. 8,707. 0.       | DEDUCTION  LOSS REMAINING  0. 0. 0. 0. 0. 79,636. 85,766.                 | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0. 0. 79,636. 85,766.                 |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/10 12/31/11 12/31/11 12/31/11                            | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066. 10,643. 88,343. 85,766. 30,832.         | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066. 10,643. 8,707. 0. 0.    | DEDUCTION  LOSS REMAINING  0. 0. 0. 0. 0. 79,636. 85,766. 30,832.         | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0. 0. 79,636. 85,766. 30,832.         |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/10 12/31/11 12/31/12 12/31/15                            | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066. 10,643. 88,343. 85,766. 30,832. 70,012. | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066. 10,643. 8,707. 0. 0. 0. | DEDUCTION  LOSS REMAINING  0. 0. 0. 0. 0. 79,636. 85,766. 30,832. 70,012. | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0. 0. 79,636. 85,766. 30,832. 70,012. |
| TAX YEAR  12/31/06 12/31/07 12/31/08 12/31/10 12/31/11 12/31/12 12/31/13 12/31/15 12/31/16 12/31/17 | NET  LOSS SUSTAINED  13,760. 17,740. 93,652. 110,066. 10,643. 88,343. 85,766. 30,832.         | DPERATING LOSS D  LOSS PREVIOUSLY APPLIED  13,760. 17,740. 93,652. 110,066. 10,643. 8,707. 0. 0.    | DEDUCTION  LOSS REMAINING  0. 0. 0. 0. 0. 79,636. 85,766. 30,832.         | STATEMENT  AVAILABLE THIS YEAR  0. 0. 0. 0. 79,636. 85,766. 30,832.         |

| FORM. 990-T                    | CONTRIBUTIONS                | STATEMENT | 5    |
|--------------------------------|------------------------------|-----------|------|
| DESCRIPTION/KIND OF PROPERTY   | METHOD USED TO DETERMINE FMV | AMOUNT    |      |
| CHARITABLE CONTRIBUTIONS       | N/A                          | 28,668,   | 754. |
| TOTAL TO FORM 990-T, PAGE 2, L | INE 34                       | 28,668,   | 754. |

| FORM 990-T   | CONTRIBUTIONS SUMMAR  | Y                               | STATEMENT | 6 |
|--|---|---------------------------------|-----------|---|
|  | BUTIONS SUBJECT TO 100% LIMIT BUTIONS SUBJECT TO 25% LIMIT                        |                                 |           |   |
| CARRYOVER OF PRI<br>FOR TAX YEAR 2<br>FOR TAX YEAR 2<br>FOR TAX YEAR 2<br>FOR TAX YEAR 2 | 2015       23,407,018         2016       26,550,003         2017       24,186,529 |                                 |           |   |
| TOTAL CARRYOVER TOTAL CURRENT YE   | CAR 10% CONTRIBUTIONS   | 125,305,182<br>28,668,754       |           |   |
| TOTAL CONTRIBUTI<br>TAXABLE INCOME L   | ONS AVAILABLE<br>IMITATION AS ADJUSTED  | 153,973,936                     |           |   |
| EXCESS CONTRIBUT<br>EXCESS 100% CONT<br>TOTAL EXCESS CON                                 | RIBUTIONS   | 153,973,936<br>0<br>153,973,936 |           |   |
| ALLOWABLE CONTRI   | BUTIONS DEDUCTION   |                                 |           | 0 |
| TOTAL CONTRIBUTI   | ON DEDUCTION  |                                 |           | 0 |