xempt Organization Busi (and proxy tax unde		1912		2019
■ Go to www.irs.gov/Form990T for ins	tructions and the latest inform		Ope	
Do not enter SSN numbers on this form as it may lead to the check box if Name of organization (Check box if name ch	oe made public if your organi: anged and see instructions)	zation is a 501(c)(3).		en to Public Inspection (c)(3) Organizations On identification number
Check box if	anged and see instructions)			es trust, see
Exempt under section Print RAIKES FOUNDATION			91-	-2173492
Number, street, and room or suite no. If a P.O. box,	see instructions.		E Unrelated (See instru	business activity code
408(e) 220(e) Type 2157 N. NORTHLAKE WAY,	STE. 220			······,
408A 530(a) City or town, state or province, country, and ZIP or SEATTLE, WA 98103-9814			52300	00
ook value of all assets end of year F Group exemption number (See instructions)	>			. <u> </u>
116,717,696. G Check organization type X 501(c) corpo		401(a)		Other trust
nter the number of the organization's unrelated trades or businesses. 1 ade or business here SEE STATEMENT 17		e the only (or first) un		
age or business nere SEE STATEMENT 17 escribe the first in the blank space at the end of the previous sentence, complete Part		e, complete Parts I-V.		ın one,
usiness, then complete Parts III-V.	s i and ii, complete a scheud	e IVI IOI Each aguillon	ai ii aue oi	
uring the tax year, was the corporation a subsidiary in an affiliated group or a parent	-subsidiary controlled group?	▶ [Yes	X No
"Yes," enter the name and identifying number of the parent corporation.				
he books are in care of GWEN SHERMAN	Telepi	hone number 🕨 2	06-80	1-9500
art I Unrelated Trade or Business Income	(A) Income	(B) Expenses		(C) Net
Gross receipts or sales Less returns and allowances				
——————————————————————————————————————	1c		-	
Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 8 NOV 2 4 2020	2			/
to t	3 11,976.	 	/	11;976
Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), UT	4b		- / -	
Capital loss deduction for trusts	4c	<u> </u>	100	
Income (loss) from a partnership or an S corporation (attach statement)	5 61,508.	STMT /	8	61,508
Rent income (Schedule C)	6			
Unrelated debt-financed income (Schedule E)	7			
Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
Explorted exempt activity income (Schedule I)	10	1		····
Advertising income (Schedule J) Other income (See instructions; attach schedule) STATEMENT 19	11 3/346.	-	 	3,346
Total. Combine lines 3 through 12	13 76,830.			76,830
art II Deductions Not Taken Elsewhere (See instructions for	limitations on deductions)			,0,000
(Deductions must be directly connected with the unrelated business	ss income)			
Compensation of officers, directors, and trustees (Schedule K)			14	
Salaries and wages			15	
Repairs and maintenance			16	
Bad debts			17	
Interest (attach schedule) (see instructions)	<u>*</u>		18	2 246
Taxes and licenses Depreciation (attach Form 4562)			19	2,346
Less depreciation claimed on Schedule A and elsewhere on return	20 21a		21b	
Depletion	[21α]		22	
Contributions to deferred compensation plans			23	
Employee benefit programs	•		24	
Excess exempt expenses (Schedule 1)	•		25	
Excess readership costs (Schedule J)			26	
Other deductions (attach sefiedule)	SEE STAT	rement 20	27	47,770
Total deductions. Add lines 14 through 27	001		28	50,116
Unrelated business faxable income before net operating loss deduction. Subtract li Deduction for pet operating loss arising in tax years beginning on or after January			29	<u> 26,714</u>
(see instructions)	1, 2010		20	0
Unrelated business taxable income. Subtract line 30 from line 29			30	26,714
on 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.				orm 990-T (201
77		,	•	

	rurm 99		RAIKES FOUNDATION		<u> 71-</u>	<u>-2173492 Page 2</u>
	Part	tali 🗀	Total Unrelated Business Taxable Income		١	
	32	Total of	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	26,714.
	33	Amoun	nts paid for disallowed fringes		33	
	34		able contributions (see instructions for limitation rules) STMT 21 STMT 22	, –	34	446.
	35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33		35	26,268.
				/ -	36	21,258.
	36				37	5,010.
	37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<i>-</i>		
	38	•	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	'⊢	38	1,000.
ı	39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	.	1	4 040
1			he smaller of zero or line 37	Щ	<u>89 </u>	<u>4,010.</u>
1	Part	t IV	Tax Computation		1	
•	/ 10	Organia	izations Taxable as Corporations Multiply line 39 by 21% (0.21)	►L	40	842.
	41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
		та	ax rate schedule or Schedule D (Form 1041)	► ∐	41	
	42	Proxy t	tax See instructions	▶ Г	42	
	43		ative minimum tax (trusts only)		43	
	44		Noncompliant Facility Income. See instructions		44	
			Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	842.
	Part		Tax and Payments		40]	042.
/	<i>-</i>			<u> </u>		
		•	1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\dashv	1	
	b		credits (see instructions)	-		
	C	General	Il business credit. Attach Form 3800	_		
	d	Credit f	for prior year minimum tax (attach Form 8801 or 8827)	┙.	1 -	
	е	Total c	redits. Add lines 46a through 46d		46e	842.
	47	Subtrac	ct line 46e from line 45	L	47	0.
	48	Other ta	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	e) [_	48	
	49	Total ta	ax. Add lines 47 and 48 (see instructions)	$-\Gamma$	49	0.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
			nts: A 2018 overpayment credited to 2019	_	1	
		-	stimated tax payments	Ť	<i>7</i> L	
		201000	5 timatod tax paymonts			
	_	Tay den	posited with Form 8868	\dashv		
			posited with Form 8868 51c 51c	7		
	d	Foreign	n organizations. Tax paid or withheld at source (see instructions)			
	d e	Foreign Backup	n organizations. Tax paid or withheld at source (see instructions) swithholding (see instructions) 5 d 5 d			
	d e f	Foreign Backup Credit fo	n organizations Tax paid or withheld at source (see instructions) b withholding (see instructions) for small employer health insurance premiums (attach Form 8941) 516			
	d e f	Foreign Backup Credit fo Other co	n organizations Tax paid or withheld at source (see instructions) by withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439			
	d e f g	Foreign Backup Credit for Other co	n organizations Tax paid or withheld at source (see instructions) by withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439 Other Total			
	d e f g	Foreign Backup Credit for Other co	n organizations Tax paid or withheld at source (see instructions) by withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439		52	20,917.
	d e f g	Foreign Backup Credit for Other co Total pa	n organizations Tax paid or withheld at source (see instructions) by withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439 Other Total		52 53	20,917.
	d e f g 52 53	Foreign Backup Credit for Other co For Total par Estimate	n organizations Tax paid or withheld at source (see instructions) withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439 orm 4136 Other Total ayments. Add lines 51a through 51g ted tax penalty (see instructions). Check if Form 2220 is attached e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	• E	53 54	20,917.
i \	d e f g 52 53	Foreign Backup Credit for Other co Total pa Estimate Tax due	n organizations Tax paid or withheld at source (see instructions) withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439 orm 4136 Other Total Total Total Total Total Total	• E	53	20,917.
i <u>I</u>	d e f g 52 53 54 55	Foreign Backup Credit fo Other co Total pa Estimat Tax due Overpa	n organizations Tax paid or withheld at source (see instructions) by withholding (see instructions) for small employer health insurance premiums (attach Form 8941) stredits, adjustments, and payments: Form 2439 Other Total ayments. Add lines 51a through 51g ted tax penalty (see instructions). Check if Form 2220 is attached e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	• [53 54	
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i <u>]</u>	52 53 54 55 56 Part	Foreign Backup Credit for Other co Total pa Estimate Tax due Overpa Enter th	n organizations Tax paid or withheld at source (see instructions) by withholding (see instructions) for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439 orm 4136 Other Total T	• [53 54 55	20,917.
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i <u>J</u>	d e f g 52 53 54 55 56 Part 57	Foreign Backup Credit for Other color Total pa Estimat Tax due Overpa Enter th VI S At any t over a f FinCEN here During	in organizations Tax paid or withheld at source (see instructions) is withholding (see instructions) for small employer health insurance premiums (attach Form 8941) for small employer health insurance premiums (attach Form 8941) for small employer health insurance premiums (attach Form 8941) for small employer health insurance premiums (attach Form 8941) for adjustments, and payments: Form 2439 Other Total Total Total Total Total Total Total Total Statements (see instructions). Check if Form 2220 is attached Form 2439 It line 52 is less than the total of lines 49, 50, and 53, enter amount owed It line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid In a mount of line 55 you want: Credited to 2020 estimated tax 20, 917. Refunded Statements Regarding Certain Activities and Other Information (see instructions) It ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country The tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	• [53 54 55	20,917. 0. Yes No
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i <u>)</u>	52 53 54 55 56 Part 57 58 59 Sign Here	Foreign Backup Credit for Other color Total pa Estimat Tax due Overpa Enter th t VI S At any t over a f FinCEN here During fi I'Yes," Enter th	overtholding (see instructions) for small employer health insurance premiums (attach Form 8941) for small employer health insurance premiums (attach Form 8941) for small employer health insurance premiums (attach Form 8941) form 4136 Other	May t the pr instru	53 55 55 55 56 	20,917. 0. Yes No X X X discuss this return with shown below (see PX) Yes No
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i <u>1</u>	52 53 54 55 56 Part 57 58 59 Sign Here	Foreign Backup Credit for Other co Total pa Estimat Tax due Overpa Enter th VI S At any t over a f FinCEN here During if "Yes," Enter th Unco	to organizations Tax paid or withheld at source (see instructions) to withholding (see instructions) for small employer health insurance premiums (attach Form 8941) tredits, adjustments, and payments:	May to the state of the state o	53 54 55 56 56 56 56 FINAL PRINCIPLE OF THE PRINCIPLE OF	20,917. 0. Yes No X X X discuss this return with shown below (see PX) Yes No

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B Determine 5. Enter here and in Part 1, Inte 2 Inter 2	Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A				
2 Purchases 3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 Differ costs (attach schedule) 5 Total: Add ines 1 through 4b 6 Total: Add ines 1 through 4b 7 Total: Add ines 1 through 4b 8 Total: Add ines 1 through 4b 9 Total: Ad		1		$\overline{}$				6	
3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B Debre rosts (attach schedule) 5 Total, Additional section 263A costs (attach schedule) 5 Total, Additional section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (f) (e) (e) (e) (f) (e) (e) (f) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		2					line 6		
Inne 2 Total Additional section 263A costs (attach schedule) 4a	3 Cost of labor	3		1					
(attach schedule) b Other costs (attach schedule) 5 Total, Add lines I through 4b 5 Total Add lines I through 4b 6 Total Comparation? (a) From present property and Personal Property Leased With Real Property) (b) Exercision of property (d) 2. Rent received or accorded (a) From presental property is made them (a) From presental property is made them (b) From sell and present property (if the precentage of rent for presental property accorded Sple or if the rent is based on profit or income) (b) From sell and present property accorded Sple or if the rent is based on profit or income) (c) Color of the precentage of through the precentage of rent for presental property accorded Sple or if the rent is based on profit or income) (d) Total O., Total O., Total O., Total O., Total O., Enter here and on page 1, Part 1, line 6, column (B) 7. Column (B) Frest (I, line 6, column (B) I.) Total deductions. Sple or if the rent of property or included Sple or if the rent of property (attach schedule) (d) Total II.) Description of debt-financed property (e) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income bean or appa 1, Part 1, line 6, column (B) I. (B) Other deductions (either here and on page 1, Part 1, line 6, column (B) I.) Other deductions (either here and on page 1, Part 1, line 7, column (B) I.) Other deductions (either here and on page 1, Part 1, line 7, column (A) I.) Part 1, line 7, column (B) I. 4. Amount of average accupation of debt-financed property (either schedule) (d)	4a Additional section 263A costs			7				7	
b Other costs (attach schedule) 5 Total. Add lines through 4) 5 Total Add lines through 4) 6 Total Add lines through 4) 7 Total Add lines through 4, Allows through 4, Allow	(attach schedule)	4a		8	Do the rules of section	1 263A (with respect to		Yes No
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	Totals				•		0.		0.
		ncluded in column	18				<u> </u>	1	0.
Form 990- T (20							···	Form 99	

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Form 990-T (2019) RAIKES FOUNDATION 91-21734

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) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs (1) (2) (3) (4) Totals from Part I 0. 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 26 0.

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		•	0.

Form 990-T (2019)

RAIKES FOUNDATION 91-2173492

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 17
BUSINESS ACTIVITY

INVESTMENT IN PASS-THROUGH ENTITIES

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 18
DESCRIPTION	NET INCOME OR (LOSS)
FROM K-1 - TIFF REALTY AND RESOURCES III, LLC - ORDINARY BUSINESS INCOME (LO FROM K-1 - TIFF REALTY AND RESOURCES II, LLC - ORDINARY BUSINESS INCOME (LOS FROM K-1 - TIFF REALTY AND RESOURCES 2008, LP - ORDINARY BUSINESS INCOME (LO FROM K-1 - THIRTEEN PARTNERS PRIVATE EQUITY 5 - ORDINARY BUSINESS INCOME (LO FROM K-1 - THIRTEEN PARTNERS PRIVATE EQUITY 4 - ORDINARY BUSINESS INCOME (LO FROM K-1 - THIRTEEN PARTNERS PRIVATE EQUITY 3 - ORDINARY BUSINESS INCOME (LO FROM K-1 - THIRTEEN PARTNERS PRIVATE EQUITY 2008 - ORDINARY BUSINESS INCOME FROM K-1 - Q-BLK PRIVATE CAPITAL II - ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS IV, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS III, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS II, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS II, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS II, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS II, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - AETHER REAL ASSETS II, L.P ORDINARY BUSINESS INCOME (LOSS) FROM K-1 - ADAMAS PARTNERS L.P ORDINARY BUSINESS INCOME (LOSS)	-1,6233491,04429,36723,311. 141,270. 7,55935032,7423,712. 871.
AETHER REAL ASSETS V, L.P ORDINARY BUSINESS INCOME (LOSS)	-6,770.
TWO SIGMA SPECTRUM U.S. FUND, L.P - ORDINARY BUSINESS INCOME (LOSS)	16,085.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	61,508.

		OTHER INCOME		STATEMENT 19
DESCRIPTION				AMOUNT
STATE TAX REFU	IND			3,346
FOTAL TO FORM	990-T, PAGE 1,	LINE 12		3,346
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT 20
DESCRIPTION				AMOUNT
INVESTMENT MAN ACCOUNTING FEE AMORTIZATION	IAGEMENT AND CUS	STODIAN FEES		1,461 15,026 31,283
TOTAL TO FORM	990-T, PAGE 1,	LINE 27		47,770
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 21
FORM 990-T FAX YEAR LO	NET SS SUSTAINED	OPERATING LOSS D LOSS PREVIOUSLY APPLIED	EDUCTION LOSS REMAINING	STATEMENT 21 AVAILABLE THIS YEAR
		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR LO	SS SUSTAINED	LOSS PREVIOUSLY APPLIED 43,236.	LOSS REMAINING	AVAILABLE THIS YEAR

FORM 990-T	CONTRIBUTIONS	STATEMENT 22
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS TO QUALIFIED ORGANIZATIONS	N/A	14,964,576.
CONTRIBUTIONS FROM PASS-THROUGH INVESTMENTS NON-CASH CONTRIBUTIONS FROM	N/A κ-1	773.
PASS-THROUGH INVESTMENTS		64.
TOTAL TO FORM 990-T, PAGE 2, I	LINE 34	14,965,413.

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	23
~	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 7,817,158 14,174,150 13,315,949 15,944,045 17,035,357			
TOTAL CARE	- RYOVER RENT YEAR 10% CONTRIBUT	rions	68,286,659 14,965,413		
	TRIBUTIONS AVAILABLE NOOME LIMITATION AS ADD	JUSTED	83,252,072 446		
EXCESS 100	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS		83,251,626 0 83,251,626	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTIO	NC _		_	446
TOTAL CONT	RIBUTION DEDUCTION				446

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

RAIKES FOUNDATION				 91-	2173492
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax vi	ear?	· · ·	Yes X No
If "Yes," attach Form 8949 and see its instru					,
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.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n Io	(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	i) 	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					11 056
Form(s) 8949 with Box A checked					11,976.
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			<u>. l </u>		
4 Short-term capital gain from installment sales	•			4	
5 Short-term capital gain or (loss) from like-kind	•			5	
6 Unused capital loss carryover (attach computa	•			6_	()
7 Net short-term capital gain or (loss) Combin	7_	11,976.			
Part II Long-Term Capital Gai	ns and Losses (See	instructions.)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Čośt (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part II, line 2, column (g	9, i)	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					
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	
Part III Summary of Parts I and	 				
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	al loss (line 15)	ļ	16	11,976.
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over ne	t short-term capital loss (line	: 7)	17	
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	Į	18	11,976.
Note: If losses exceed gains, see Capital Los.	ses in the instructions.				
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		s	chedule D (Form 1120) 2019

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

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

91-2173492

RAIKES FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check

Part 1: Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price)	basis See the Note below and	column (f	(g), enter a code in). See instructions.	Subtract column (e from column (d) 8
		(w.o., day, y.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FROM K-1 - AETHER							
REAL ASSETS III,							
L.P.							70.
FROM K-1 - ADAMAS			•				
PARTNERS L.P.							10,259.
FROM K-1 - Q-BLK							
PRIVATE CAP II							150.
FROM K-1 - AETHER							
REAL ASSETS II,							
L.P.							<1.
FROM K-1 - TIFF							
REALTY AND							
RESOURCES 2008,							
LLC							148.
FROM K-1 -							
THIRTEEN PARTNERS							
PRIVATE EQUITY							
2008							143.
FROM K-1 -							
THIRTEEN PARTNERS							
PRIVATE EQUITY 3							1,106.
FROM K-1 - TIFF							
REALTY AND							
RESOURCES II, LLC	<u></u>						18.
FROM K-1 - AETHER				·			
REAL ASSETS IV,							
L.P.			_				4.
FROM K-1 -							
THIRTEEN PARTNERS							
PRIVATE EQUITY 5							79.
2 Totals. Add the amounts in colur	nns (d), (e), (g), ar	nd (h) (subtract					
negative amounts) Enter each to	tal here and ınclu	de on your			ĺ		
Schedule D, line 1b (if Box A abo	ove is checked), I	ine 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	ecked)					11,976.

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)

Form 4562

Department of the Treasury Internal Revenue Service (99) **Depreciation and Amortization**

(Including Information on Listed Property) 990-T

► Attach to your tax return.

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

OMB No 1545-0172

2019 Attachment Sequence No 179

Name(s) shown on return Business or activity to which this form relates FORM 990-T PAGE 1 RAIKES FOUNDATION 91-2173492 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,550,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III' MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property C 10-year property d 15-year property 20-year property f 25-year property 25 yrs S/L g 27 5 yrs MM S/L Residential rental property h 27 5 yrs. ММ S/L / MM 39 yrs S/L i Nonresidential real property MM S/I Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 30-year 30 yrs MM S/L C 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 0. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

RAIKES FOUNDATION Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

			hich you are usir b) of Section A, a						e expense	, comp	olete only 24a,		
	Section A -	Depreciation	n and Other Inf	ormation (Cau	tior	n: See the	e instruc	tions for lii	nits for pa	sseng	er automobiles)		
21a	Do you have evidence to s	upport the bu	siness/investment	use claimed?		Yes	No	24b If "Y	es," is the	evider	nce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis		(e Basis for de (business/in use o	preciation ivestment	(f) Recovery period	(g Meth Conve	od/	(h) Depreciation deduction	secti	(i) ected ion 179 cost
25	Special depreciation allo	wance for q	ualified listed pro	perty placed in	sei	rvice durir	ng the ta	x year and	1				
	used more than 50% in	a qualified bu	usiness use							25			
26	Property used more that	n 50% in a qi	ualified business	use									
			%										
			%										
			%		П								
27	Property used 50% or le	ss in a qualif	ied business use)									
			%						\$/L -				
			%		\Box				S/L -	-			
			%		\neg				S/L ·			1	
28	Add amounts in column	(h), lines 25	through 27 Ente	er here and on l	ne :	21, page 1	1			28			
29	Add amounts in column	(i), line 26 E	nter here and on	line 7, page 1		. •					29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the	(a) Vehicle				(d) Vehicle		(e) Vehicle		(f) Vehicle			
	year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year												
	Add lines 30 through 32	<u> </u>											
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't

mo	ore than 5% owners or related persons		
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
_	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		
ÌΦ	artiVII Americation		

[PartiVI] Amortization					
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
42 Amortization of costs that begins during you	our 2019 tax year	····			
	<u>i</u>	 	1.	<u> </u>	
43 Amortization of costs that began before yo	43	31,283.			
44 Total. Add amounts in column (f) See the	44	31,283.			

916252 12-12-19

Form 4562 (2019)