| | Form 990-T | Exempt Organization Busines (and proxy tax under sec | s Income T | ax Return | | OMB No. 1545-0687 | | |
|---------------|--|--|---------------------------|---|------------|--|--|--|
| ٠. | | For calendar year 2016 or other tax year beginning | , and ending | | | 2016 | | |
| | Denominate of the Transport | Information about Form 990-T and its instructions is available at www irs.gov/form990t | | | | | | |
| | Internal Revenue Service | Do not enter SSN numbers on this form as it may be mad | e public if your organiza | ation is a 501(c)(3). | | Open to Public Inspection for 501(c)(3) Organizations Only | | |
| ٠ | A Check box if address changed |)N | (Emp | oyer identification number iloyees' trust, see uctions) | | | | |
| | B Exempt under section | Print OF THE ENVIRONMENT | | | 0 | 4-6856456 | | |
| | X 501(c)(3) | or Number, street, and room or suite no. If a P.O. box, see ins | | lated business activity codes instructions) | | | | |
| | 408(e) 220(e) | Type C/O JEREMY GRANTHAM, 40 RO | | , | | | | |
| E 1-17 | 408A 530(a) | City or town, state or province, country, and ZIP or foreign | postal code | | | | | |
| 1 | 529(a) | | 900 | 000 | | | | |
| | C Book value of all essets at end of year | F Group exemption number (See instructions.) | | | | | | |
| P Z | 419735610. | G Check organization type ► 501(c) corporation 2 | 501(c) trust | 401(a) trust | | Other trust | | |
| - | H Describe the organizatio | n's primary unrelated business activity. > INVESTMENTS | IN ACTIVI | ries gener | RAT: | | | |
| Š | I During the tax year, was | the corporation a subsidiary in an affiliated group or a parent-subsid | ary controlled group? | ▶ [| Ye | es 🗓 No | | |
| Q | If "Yes," enter the name | and identifying number of the parent corporation. | | | | | | |
| 1-2 | J The books are in care of | | Teleph | one number 🕨 (| <u>617</u> |)346-7500 | | |
| 52 | Part I. Unrelate | d Trade or Business Income | (A) Income | (B) Expenses | | (C) Net | | |
| | 1a Gross receipts or sale | es | | | | | | |
| 2017 | b Less returns and allo | wances c Balance 1c | | | *** | 7.37. | | |
| \approx | 2 Cost of goods sold (S | Schedule A, line 7) | | 8. M. M. M 8 | | つげんでする | | |
| | 3 Gross profit. Subtrac | t line 2 from line 1c3 | | 8. 7.3.164 / V | | | | |
| | 4a Capital gain net incor | ne (attach Schedule D) | 3,318,575. | 18 1 18 1 18 1 18 1 18 1 18 1 18 1 18 | | 3,318,575. | | |
| | b Net gain (loss) (Form | 4797, Part II, line 17) (attach Form 4797) | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | |
| _ | Capital loss deductio | | | | :33 | | | |
| | 5 Income (loss) from p | artnerships and S corporations (attach statement) 5 | 1,269,069. | STMT | <u>.9≎</u> | -1,269,069. | | |
| | 6 Rent income (Schedu | , , , | | | | | | |
| _ | | ed income (Schedule E) | | <u> </u> | | ļ | | |
| | | yalties, and rents from controlled organizations (Sch. F) | | | | | | |
| | | f a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | | | |
| | | vity income (Schedule I) | | | | | | |
| | 11 Advertising income (| | 1 000 | | | 1 000 | | |
| | • | structions; attach schedule) STATEMENT 20 12 | 1,099. | · * > ; * ; * ; * ; * ; * ; * ; * ; * ; * | • ; | 1,099. | | |
| | 13 Total, Combine lines | | 2,050,605. | L | | 2,050,605. | | |
| | | Ins Not Taken Elsewhere (See instructions for limitate contributions, deductions must be directly connected with the | | income.) | | | | |
| | 14 Compensation of of | ficers, directors, and trustees (Schedule K) | | · <u> </u> | 14 | | | |
| | 15 Salaries and wages | · | | | 15 | | | |
| | 16 Repairs and mainter | • | | | 16 | | | |
| | 17 Bad debts | The state of the s | - | | 17 | | | |
| | 18 Interest (attach scho | RECEIVED | SEE STAT | EMENT 21 | 18 | 1,099. | | |
| | 19 Taxes and licenses | | • | | 19 | 9,521. | | |
| | 20 Charitable contribut | ons (Sep instrukt@ik f@limnatlan Pules) | | | 20 | 530,509. | | |
| | 21 Depreciation (attach | Form (4562) | [21] | | ٠٨٠ | | | |
| ₹ 0 | 22 Less depreciation cl | aimed on Schedule A and elsewhere on return | . 22a | | 22b | | | |
| 8 0 | 23 Depletion | Mark Toll - Mark T | | | 23 | | | |
| | 24 Contributions to def | erred compensation plans | | - | 24 | | | |
| 9 | 25 Employee benefit pr | ograms | | | 25 | | | |
| <u>ح</u> (| 26 Excess exempt expe | nses (Schedule I) | | | 26 | ļ | | |
| | 27 Excess readership of | osts (Schedule J) | | | 27 | | | |
| SCANNED NOV | 28 Other deductions (a | ttach schedule) | SEE STAT | ЕМЕИТ 22 | 28 | 2,637. | | |
| Z/2 | 29 Total deductions. | dd lines 14 through 28 | | | 29 | 543,766. | | |
| Ö | 30 Unrelated business | taxable income before net operating loss deduction. Subtract line 29 | | - | 30 | 1,506,839. | | |
| <u>(1)</u> | | eduction (limited to the amount on line 30) | • | EMENT 23 | 31 | 975,331. | | |
| | | taxable income before specific deduction. Subtract line 31 from line 3 | 30 | | 32 | 531,508. | | |
| F | | Generally \$1,000, but see line 33 instructions for exceptions) | • | | 33 | 1,000. | | |
| • | | taxable income. Subtract line 33 from line 32. If line 33 is greater t | han line 32, enter the sn | naller of zero or | 1 | F22 | | |
| | line 32 | | | | 34 | 530,508. | | |

| - | orm 990- | | | 04-68 | 356456 | Page |
|-----|---------------------|--|-------------------------|--------------------------------------|-----------------|------------------------|
| | Part I | II Tax Computation | | | | |
| | 35 | Organizations Taxable as Corporations. See instructions for tax computation. | | | | |
| | | Controlled group members (sections 1561 and 1563) check here 🕨 💹 See instructions an | ď; | | | |
| | а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order |): | | | |
| | | (1) \$ (2) \$ (3) \$ | | } | | |
| | b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | | | | |
| | | (2) Additional 3% tax (not more than \$100,000) | | | | |
| | c | Income tax on the amount on line 34 | | . • | ► 35c | |
| | 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of | on line 3 | 4 from: | | |
| | | Tax rate schedule or X Schedule D (Form 1041) | | 1 | ▶ 36 | 105,100 |
| | 37 | Proxy tax. See instructions | • | | ▶ 37 | |
| | 38 | Alternative minimum tax | • | | 38 | |
| | 39 | Tax on Non-Compliant Facility Income. See instructions | | • | 39 | |
| | 40 | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | | • | 40 | 105,100 |
| ۱ (| | V Tax and Payments | | | | |
| ٠ | 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | 4,371 | L . S.S. | |
| | | Other credits (see instructions) | 41b | | 25.85 | |
| | - | General business credit. Attach Form 3800 | 416 | | | |
| | ď | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | | |
| | | Total credits. Add lines 41a through 41d | 110 | | 41e | 4,371 |
| | 42 | Subtract line 41e from line 40 | | | 42 | 100,729 |
| | 43 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88 | 66 [| Other (attach schedule | | |
| | 44 | Total tax. Add lines 42 and 43 | · | 1 Dillot (attack conseque | 44 | 100,729 |
| | | Payments: A 2015 overpayment credited to 2016 | 45a | • | | |
| | | 2016 estimated tax payments | 45b | | | |
| | | Tax deposited with Form 8868 | 45c | 250,000 | | |
| | | Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | 230,000 | | |
| | | Backup withholding (see instructions) | 45e | | | |
| | | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | | |
| | | · · · · · · · · · · · · · · · · · · · | 431 | . | | |
| | g | Other credits and payments: Form 2439 Form 4136 Other Total | 45. | | , 65, | |
| | 46 | Total payments. Add lines 45a through 45g | 45g | | | 250,000 |
| | 46 | | | • | 46 | 3,008 |
| | 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | | | 47 | |
| | 48 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | | | ► 48 ► 49 | 146,263 |
| | 49 | | 263 | Defunded | 50 | 140,203 |
| Г | <u>50</u> Part*\ | Enter the amount of line 49 you want: Credited to 2017 estimated tax 146, Statements Regarding Certain Activities and Other Information | | | 1 30 | |
| L | | | | | | T Van T N |
| | 51 | At any time during the 2016 calendar year, did the organization have an interest in or a signature | | - | | Yes No |
| | | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization | | | | |
| | | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fi | oreign c | ountry | | * |
| | | here > | | 4 (| | |
| | 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra | ansteror | to, a foreign trust? | | - |
| | | If YES, see instructions for other forms the organization may have to file. | | | | |
| - | 53 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | | udadaa da t | 1,3,1,5 |
| | Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer. | tements, a has any k | ma to the best of my kno nowledge | wiedge and beli | ei, it is true, |
| | Here | 1 KB Court on Wholes & | | | | scuss this return with |
| | 1010 | Signature of officer Date Truster | | | | hown below (see |
| | | | | | instructions)? | X Yes No |
| • | | Print/Type preparer's name Preparer's signature Dat | re e | Check | l if PTIN | |

self- employed

Firm's EIN

P00716178

Phone no. 617-210-1200

04-2206126

Form 990-T (2016)

Paid

Preparer

Use Only

ADAM

GORLOVSKY-SCHEPP

Firm's name ► RAPHAEL AND RAPHAEL LLP

Firm's address ► BOSTON, MA 02116-

52 CHURCH STREET

GRANTHAM FOUNDATION FOR THE PROTECTION

Form 990-T (2016) OF THE ENVIRONMENT

04-6856456

Page 3

| Schedule A - Cost of Goods | s Sold. Enter | method of inve | entory valuation N/A | | | | | |
|--|-----------------------|--|---|--|--|--|--|----|
| 1 Inventory at beginning of year | 11 | | 6 Inventory at end of year | | | 6 | | |
| 2 Purchases | . 2 | | 7 Cost of goods sold. S | ubtract | line 6 | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in | Part I, | 1 | | |
| 4a Additional section 263A costs | | | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | property produced or a | acquire | i for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Personal Property L | .ease | d With Real Prop | erty) | . | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | _ | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | ed or accrued | | | 3(a) Deductions directly | connected wi | th the income in | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | j of rent for | and personal property (if the percental personal property exceeds 50% or if ent is based on profit or income) | ge | columns 2(a) an | nd 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 | ı (A) | > | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see | e instructions) | | | | | |
| | | | 2. Grass income from | | 3. Deductions directly conr to debt-financ | nected with or ed property | allocable | |
| 1. Description of debt-fir | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) (at | Other deduction: tach schedule) | S |
| (1) | | | | | | | | |
| (2) | | | | | | 1 | | |
| (3) | | | | | | | | |
| (4) | | | | | | † | - | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property n schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | llocable deducte n 6 x total of col 3(a) and 3(b)) | |
| (1) | | | % | | | + | " | |
| (2) | | | % | | | | | |
| (3) | | | % | _ | | | | |
| (4) | | | % | | | 1 | | |
| (4) | | | | | inter here and on page 1, Part I, line 7, column (A). | | ere and on page line 7, column (l | |
| Totals | | | . |) | 0. | .1 | | 0. |
| Total dividends-received deductions | Ichded in column | n 8 | | Ь | | | | 0. |
| Torn diamento i cociaco acaneriona | iologica ili colullii | | | | | | Form 000 T | |
| Total dividends-received deductions III | icioaca ili camilli | 10 | | | | | Form 990-T | (|

GRANTHAM FOUNDATION FOR THE PROTECTION 04-6856456 Form 990-T (2016) OF THE ENVIRONMENT Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5, Part of column 4 that is included in the controlling 6. Deductions directly 1. Name of controlled organization ected with income in column 5 number organization's gross incol (1) (2) (3) (4)Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) 11. Deductions directly connected 9. Total of specified payments (see instructions) with income in column 10 (1) (2) (3) (4) Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, ime 8 column (B) line 8, column (A). 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions 4. Set-asides 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or 5. Gross income expenses (column 6 minus column 5, but not more than 6. Expenses directly connected unrelated business from activity that is not unrelated 1. Description of business (column 2 attributable to exploited activity minus column 3). If a of unrelated gain, compute cols 5 trade or business business income business income column 4). through 7 (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Enter here and on Enter here and page 1, Part I. on page 1, Part II, line 26 line 10, col (B). 0. 0 Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 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) |
|-------------------------------------|-----------------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1) | | | | | | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | T | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

Form 990-T (2016) OF THE ENVIRONMENT 04-68564

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.)

| 1. Name of periodical | | 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. Crcutation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|----------|---|---|---|----------------------|---------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | | 7 4 7 7 7 | | 0. |
| | | Enter here and on page 1, Part I, ine 11, col (A) | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | • | 0. | 0. | , , , - | - ^ · · · . | - | 0. |

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

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

Form 990-T (2016)

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

Department of the Treasury Internal Revenue Service

Name of estate or trust ▶ Information about Schedule I (Form 1041) and its separate instructions is at www irs gov/form1041 .

OMB No. 1545-0092

2016

Schedule I (Form 1041) (2016)

| • | Nam | e of estate or trust | Employe | r identification number |
|----|----------|--|----------|-------------------------|
| | GR. | ANTHAM FOUNDATION FOR THE PROTECTION O | 04-6 | 5856456 |
| • | | rt I' Estate's or Trust's Share of Alternative Minimum Taxable Income | | |
| • | | Adjusted total income or (loss) (from Form 1041, line 17) | 11 | 531,508. |
| | 2 | Interest | 2 | |
| | 3 | Taxes | 3 | |
| | 4 | Miscellaneous itemized deductions (from Form 1041, line 15c) | 4 | |
| | 5 | Refund of taxes | 5 | (|
| | 6 | Depletion (difference between regular tax and AMT) | 6 | |
| | 7 | Net operating loss deduction. Enter as a positive amount SEE STATEMENT 24 | 7 | 975,331. |
| | 8 | Interest from specified private activity bonds exempt from the regular tax | 8 | |
| | 9 | Qualified small business stock (see instructions) | 9 | |
| | 10 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 10 | |
| | 11 | Other setates and trusts (amount from Cabadula I/, 4 /Form 1041), boy 10, and 3) | 11 | |
| | 12 | Electing large partnerships (amount from Schedule K-1 (Form 1041), box 12, code A) | 12 | |
| | 13 | | 13 | |
| | 14 | Disposition of property (difference between AMT and regular tax gain or loss) Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 14 | |
| | 15 | Donate to the 12th and between ANT and are declared as Israel | 15 | |
| | 16 | Local Ambabasa (difference between MAT and completely many as food) | 16 | |
| | 17 | Circulation costs (difference between regular tax and AMT) | 17 | |
| | 18 | Land days and the College of the Col | 18 | |
| | 19 | Mining costs (difference between regular tax and AMT) | 19 | |
| | 20 | Research and experimental costs (difference between regular tax and AMT) | 20 | |
| | 21 | | 21 | 1 |
| | 22 | I do no lette to the contract of the contract | 22 | |
| | 23 | | 23 | |
| | 24 | Other adjustments, including income-based related adjustments Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) STATEMENT 25 | 24 | 975,331.) |
| | 25 | All the transfer of the second | 25 | 531,508. |
| | 23 | Note: Complete Part II below before going to line 26. | 53. | 332,3001 |
| | 26 | Income distribution deduction from Part II, line 44 N/A 26 | 7 4 77 7 | |
| | 27 | Estate tax deduction (from Form 1041, line 19) N/A 27 | | |
| | 28 | Add lines 26 and 27 | 28 | |
| | 29 | Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 | 29 | 531,508. |
| | 23 | If line 29 is: | 20 1 | 332,3001 |
| | | • \$23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't hable for the | | |
| | | alternative minimum tax. | | |
| | | Over \$23,900, but less than \$175,450, go to line 45. | | |
| | | • \$175,450 or more, enter the amount from line 29 on line 51 and go to line 52. | | |
| • | Pa | rt II Income Distribution Deduction on a Minimum Tax Basis N/A | | ··· |
| | 30 | Adjusted alternative minimum taxable income (see instructions) | 30 | |
| | 31 | Adjusted tax-exempt interest (other than amounts included on line 8) | 31 | |
| | 32 | Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0- | 32 | |
| ٦, | 33 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for | · · · | |
| | 00 | showth be a supposed (from Forms 4044, Cohodula A. Leo A) | 33 | |
| | 34 | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) | 34 | |
| | 35 | On this way are the day a supposed to be a set and day are the OF | 35 | () |
| | 36 | Control language comparted on a management tay basis uncluded on line 25. Enter as a positive amount | 36 | 1 |
| | 37 | Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0- | 37 | |
| | 38 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 38 | |
| | 39 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 39 | |
| | 39 40 | T | 40 | |
| | 41 | Tax-exempt income included on line 40 (other than amounts included on line 8) | 41 | |
| | 41 | Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40 | 42 | |
| | 74 | TOTALITY INSQUITE STEEL CONTROL OF A TRAINING IN MA SACOT CODUCTION OF FROM THE CONTROL OF THE C | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

| Sch | edule (Form 1041) (2016) GRANTHAM FOUNDATION FOR THE PROTECTION O | 04- | 6856456 Page 2 |
|-----------|---|--|----------------|
| Pa | art II Income Distribution Deduction on a Minimum Tax Basis (continued) | N/A | · |
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. | | |
| | If zero or less, enter -0 | 43 | |
| 44 | Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. | 1 1 | |
| | Enter here and on line 26 | 44 | |
| Pa | art III Alternative Minimum Tax | | |
| 45 | Exemption amount | 45 | \$23,900.00 |
| 46 | Enter the amount from line 29 | 1 1 | |
| 47 | Phase-out of exemption amount | 1 1 | |
| 48 | Subtract line 47 from line 46. If zero or less, enter -0- | 1 | |
| 49 | Multiply line 48 by 25% (0.25) | 49 | |
| 50 | Subtract line 49 from line 45. If zero or less, enter -0- | 50 | |
| 51 | Subtract line 50 from line 46 | 51 | 531,508. |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 | \\ \frac{1}{2} \cdot \text{ 1} | |
| | of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is - | S., | |
| | • \$186,300 or less, multiply line 51 by 26% (0.26). | | |
| | • Over \$186,300, multiply line 51 by 28% (0.28) and subtract \$3,726 from the result | 52 | 105,300. |
| 53 | Alternative minimum foreign tax credit (see instructions) | 53 | 4,731. |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | 54 | 100,569. |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) | 55 | 100,729. |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here and on | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | |
| | Form 1041, Schedule G, line 1c | 56 | 0. |
| Pa | irt IV. Line 52 Computation Using Maximum Capital Gains Rates | | |
| | Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, | 1 1 | |
| | or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions | l l | |
| | before completing this part | 1 1 | |
| 57 | Enter the amount from line 51 | 57 | 531,508. |
| 58 | Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax | ,32, 1 ,38, 1, | |
| | Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for | 1 27 | |
| | Form 1041, whichever applies (as refigured for the AMT, if necessary) 58 3,318,575. | | |
| 59 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) | [,] | |
| | (as refigured for the AMT, if necessary). If you didn't complete | . ; | |
| | Schedule D for the regular tax or the AMT, enter -0- | ᄾ | |
| 60 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the | 8. | |
| | AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter | | |
| | the smaller of that result or the amount from line 10 of the Schedule D Tax | ⊈ | |
| | Worksheet (as refigured for the AMT, if necessary) 60 3,318,575. | | 531,508. |
| 61 | Enter the smaller of line 57 or line 60 | 61 | 331,300. |
| 62 | Subtract line 61 from line 57 | 62 | |
| 63 | If line 62 is \$186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by | | |
| | 28% (0.28) and subtract \$3,726 from the result | 63 | |
| 64 | Maximum amount subject to the 0% rate \$2,550 00 | | |
| 65 | , " | 100 | |
| | Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions | 13 th | |
| ٦ | for Form 1041, whichever applies (as figured for the regular tax). If you didn't | \$ | |
| | complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- | | |
| | | 製造 | |
| 66 | F31 F00 | 變圖 | |
| 67 | 0.550 | | |
| 68 | 500.050 | | |
| <u>69</u> | <u>Subtract line 68 from line 67</u> [69] 528,958. | بلتكا | |

| Pa | rt IV Line 52 Computation Using Maximum Capital Gains Rate | s (cor | ntinued) | | |
|----|---|-----------|-------------|--|----------|
| 70 | Maximum amount subject to rates below 20% | 70 | \$12,400 00 | | |
| 71 | Enter the amount from line 66 | 71 | 2,550. |] | |
| 72 | Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the | | | i i | |
| | Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax | 1 1 | | i i | |
| | Worksheet, whichever applies (as figured for the regular tax). If you | 1 | | 1 | |
| | didn't complete Schedule D or either worksheet for the regular tax, enter | 1 1 | | 1 1 | |
| | the amount from Form 1041, line 22; if zero or less, enter -0- | 72 | | | |
| 73 | Add line 71 and line 72 | 73 | 2,550. | 1 1 | |
| 74 | Subtract line 73 from line 70. If zero or less, enter -0- | 74 | 9,850. |]. | |
| 75 | Enter the smaller of line 69 or 74 | 75 | 9,850. | | |
| 76 | Multiply line 75 by 15% (0.15) | | | 76 | 1,478. |
| 77 | Add lines 68 and 75 | 77 | 12,400. | | _ |
| | If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go | to line 7 | B | | |
| 78 | Subtract line 77 from line 67 | 78 | 519,108. | | |
| 79 | Multiply line 78 by 20% (0.20) | | | 79 | 103,822. |
| | If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line | 80. | | ** J | |
| 80 | Add lines 62, 77, and 78 | 80 | | 1.4 | |
| 81 | Subtract line 80 from line 57 | 81 | | ************************************** | |
| 82 | Multiply line 81 by 25% (0.25) | | | 82 | |
| 83 | Add lines 63, 76, 79, and 82 | | | 83 | 105,300. |
| 84 | If line 57 is \$186,300 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2 | 28% (0.28 | 3) | | |
| | and subtract \$3,726 from the result | | | 84 | 145,096. |
| 85 | Enter the smaller of line 83 or line 84 here and on line 52 | | | 85 | 105,300. |

Schedule I (Form 1041) (2016)

| FORM 990-T INCOME | (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS | STATEMENT 19 |
|--|--|-----------------------|
| DESCRIPTION | | AMOUNT |
| UBI FROM VARIOUS LP PASS | THROUGH INVESTMENTS | -1,269,069 |
| TOTAL TO FORM 990-T, PAG | SE 1, LINE 5 | -1,269,069 |
| FORM 990-T | OTHER INCOME | STATEMENT 20 |
| DESCRIPTION | | AMOUNT |
| UBI FROM VARIOUS LP PASS | THROUGH INVESTMENTS | 1,099 |
| TOTAL TO FORM 990-T, PAG | SE 1, LINE 12 | 1,099 |
| FORM 990-T | INTEREST PAID | STATEMENT 21 |
| DESCRIPTION | | AMOUNT |
| UBI FROM VARIOUS LP PASS | THROUGH INVESTMENTS- FORM 4952 | 1,099 |
| | | 1,000 |
| TOTAL TO FORM 990-T, PAG | E 1, LINE 18 | |
| TOTAL TO FORM 990-T, PAG FORM 990-T | OTHER DEDUCTIONS | 1,099 STATEMENT 22 |
| | | 1,099 |
| FORM 990-T DESCRIPTION | | 1,099 STATEMENT 22 |

| SCHEDULE I | NET | OPERATING LOSS | CARRYOVER | STATEMENT 24 |
|--|---|-------------------------------|-----------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | | AMOUNT |
| 12/31/12 12/31/13 12/31/14 12/31/15 | 54,294. 133,615. 422,703. 364,719. | (| | 54,294. 133,615. 422,703. 364,719. |
| | HEDULE I, LINE | | • | 975,331. |

| SCHEDULE I | ALTERNAT | VE MINIMUM TAX NOL CARRYOVER | STATEMENT 25 |
|------------|------------------------------------|-------------------------------|--------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | AMOUNT |
| 12/31/12 | 54,294. | 0. | 54,294. |
| 12/31/13 | 133,615. | 0. | 133,615. |
| 12/31/14 | 422,703. | 0. | 422,703. |
| 12/31/15 | 364,719. | 0. | 364,719. |
| | CHEDULE I, LINE 24 T TO LIMITATION | | 975,331. |

SCHEDULE D (Form 1041)

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Information about Schedule D and its separate instructions is at www.irs gov/form1041

2016

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

GRANTHAM FOUNDATION FOR THE PROTECTION

OF THE ENVIRONMENT

Employer identification number

04-6856456

| | Form 5227 filers need to complete only Parts I and II. art I Short-Term Capital Gains and Losses - Ass | ets Held One Y | ear or Less | | | |
|--|--|----------------------------------|--|--|---|---|
| See instructions for how to figure the amounts to enter on the lines below. (d) Proceeds Cost (or other basis) (or other basis) (g) Adjustm to gain or le (sales price) | | | Adjustmer to gain or loss Form(s) 8949, line 2, colum | from Part I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) | |
| 1 a | 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 | | | | | |
| 1 b | 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 | | | | | |
| 4 | Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | | | | 4 | |
| 5 6 | Net short-term gain or (loss) from partnerships, S corporations, and other Short-term capital loss carryover. Enter the amount, if any, from line 9 of the Carryover Worksheet | <u>5</u> 6 | -10,949. | | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a through 6 in colucolumn (3) on page 2 | mn (h). Enter here and | f on line 17, | . | 7 | -10,949. |
| Pa | art II Long-Term Capital Gains and Losses - Asse | ets Held More | Than One Year | | | |
| See instructions for how to figure the amounts to enter on the lines below. | | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8 a | 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 | : | | | | |
| 8 b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | 1 | | | |
| 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 | Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and | 8824 | | | 11 | |
| 12 | Net long-term gain or (loss) from partnerships, S corporations, and other | 12 | 3,854,053. | | | |
| 13 | Capital gain distributions | 13 | | | | |
| 14 | Gain from Form 4797, Part I | 14 | | | | |
| 15 | Long-term capital loss carryover. Enter the amount, if any, from line 14 of Carryover Worksheet | 15 | (524,529.) | | | |
| 16 | Net long-term capital gain or (loss). Combine lines 8a through 15 in coluction (3) on page 2 | ımn (h). Enter here and | d on line 18a, | > . | 16 | 3,329,524. |

GRANTHAM FOUNDATION FOR THE PROTECTION

| Schedule D (| chedule D (Form 1041) 2016 OF THE ENVIRONMENT | | | | 04-6856456 Page 2 | | | | | |
|--|--|---|-------------|--------------------------------|-------------------|--------------|------------------------|--|--|--|
| | Part III Summary of Parts I and II | | | (1) Beneficiaries' (2) Estate' | | | (3) Total | | | |
| Caution: Read the instructions before completing this part. | | | | | or | trust's | | | | |
| 17 Net sho | ort-term gain or (loss) | | _17 | | -10 | 949. | -10,949. | | | |
| 18 Net Ion | g-term gain or (loss): | | | | | | | | | |
| a Total fo | or year | | 18a | | 3,329 | 7,524 | 3,329,524. | | | |
| b Unreca | ptured section 1250 gain (see line 18 of the wrks | sht.) | 18b | | | | | | | |
| c 28% ra | te gain | | 18c | | | | | | | |
| 19 Total n | et gain or (loss). Combine lines 17 and 18a | . | 19 | | 3,318 | 3,575. | 3,318,575. | | | |
| Note: If line | 19, column (3), is a net gain, enter the gain | on Form 1041, line 4 (or Form 9 | 90-T. | Part I, line 4a) If line: | 18a and | i 19. colun | nn (2), are net gains, | | | |
| Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary Part IV Capital Loss Limitation | | | | | | | | | | |
| 20 Enter h | ere and enter as a (loss) on Form 1041, line 4 (o | r Form 990-T, Part I, line 4c, if a tri | ust), th | e smaller of: | | | | | | |
| a The los | s on line 19, column (3) or b \$3,000 | | | | Į | 20 (| | | | |
| Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital | | | | | | | | | | |
| Loss Carryover Worksheet In the instructions to figure your capital loss carryover | | | | | | | | | | |
| Part V | Tax Computation Using Maxim | num Capital Gains Rate | es | | | | | | | |
| Form 1041 fi | ilers. Complete this part only if both lines 18a ar | nd 19 in column (2) are gains, or ar | ı amou | nt is entered in Part I o | Part II ar | d there is a | n entry on Form 1041, | | | |
| line 2b(2), ar | nd Form 1041, line 22, is more than zero. | | | | | | | | | |
| Caution: Ski | p this part and complete the Schedule D Ta | x Worksheet In the instruction | ons if | | | | | | | |
| • Either lin | ne 18b, col (2) or line 18c, col (2) is more th | an zero, or | | | | | | | | |
| Both For | rm 1041, line 2b(1), and Form 4952, line 4g | are more than zero. | | | | | | | | |
| Form 990-T 1 | trusts. Complete this part only if both lines 18a a | and 19 are gains, or qualified divide | ends are | e included in income in | Part I of F | orm 990-T, | and Form 990-T, line | | | |
| 34, is more t | han zero. Skip this part and complete the Sched | ule D Tax Worksheet in the instru | ctions i | f either line 18b, col. (2 |) or line 1 | 8c, col. (2) | s more than zero. | | | |
| 21 Enter tax | kable income from Form 1041, line 22 (or Form 9 | 990-T, line 34) | 21 | 530, | 508. | | | | | |
| 22 Enter the | smaller of line 18a or 19 in column (2) | | 1.37 | | | | | | | |
| but not l | ess than zero | 22 3,318,575 | ِ چُ | Ž. | | 200 | | | | |
| 23 Enter the | e estate's or trust's qualified dividends from | i i | 1,4 | : 1 | Ì | | | | | |
| Form 10 | 41, line 2b(2) (or enter the qualified dividends | 1 | 4.3 | - | - 1 | 5 2 X | | | | |
| ıncluded | in income in Part I of Form 990-T) | 23 | | () | ľ | | | | | |
| 24 Add line | s 22 and 23 | 24 3,318,575 | | <i>,</i> } | 1 | | | | | |
| 25 If the est | tate or trust is filing Form 4952, enter the | | | ş. İ | | | | | | |
| атоипт | from line 4g; otherwise, enter -0- | 25 0 | <u>.</u>], | | | 73 X | | | | |
| 26 Subtract | line 25 from line 24. If zero or less, enter -0- | | 26 | 3,318, | 575. | <u> </u> | | | | |
| 27 Subtract | line 26 from line 21. If zero or less, enter -0- | | 27 | | 0. | | | | | |
| 28 Enter the | smaller of the amount on line 21 or \$2,550 | | 28 | 2, | 550. | 3. | | | | |
| 29 Enter the | smaller of the amount on line 27 or line 28 | | 29 | | | | | | | |
| 30 Subtract | line 29 from line 28. If zero or less, enter -0 Th | is amount is taxed at 0% | | | • | 30 | 2,550. | | | |
| 31 Enter the | smaller of line 21 or line 26 | | 31 | | | 1 115 | | | | |
| 32 Subtract | line 30 from line 26 | | 32 | 3,316, | 025. | Š | | | | |
| 33 Enter the | smaller of line 21 or \$12,400 | | 33 | | | 23 | | | | |
| 34 Add line: | s 27 and 30 | | 34 | | 550. | <u>}</u> | | | | |
| 35 Subtract | line 34 from line 33. If zero or less, enter -0- | | 35 | | 850. | W. | | | | |
| 36 Enter the | smaller of line 32 or line 35 | | 36 | 9, | 350. | 1. A. | | | | |
| 37 Multiply | line 36 by 15% (0.15) | | | | . ▶ | 37 | 1,478. | | | |
| 38 Enter the | amount from line 31 | | 38 | 530, | 508. | | | | | |
| 39 Add lines | s 30 and 36 | | _39 | 12, | 400. | , (\$\) | | | | |
| 40 Subtract | line 39 from line 38. If zero or less, enter -0- | | 40 | 518, | 108. | | | | | |
| 41 Multiply | line 40 by 20% (0.20) | | | | > | 41 | 103,622. | | | |
| 42 Figure th | 42 Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates | | | | Ţ. | \ | | | | |
| and Trus | sts (see the Schedule G instructions in the instruc | ctions for Form 1041) | 42 | | 0. | 泉川 | | | | |
| | s 37, 41, and 42 | • | 43 | 105, | 100. | | | | | |
| | ne tax on the amount on line 21. Use the 2016 Ta | x Rate Schedule for Estates | | | | 25. 7. | | | | |
| | sts (see the Schedule G instructions in the instruc | | 44 | 208, | 377. | 猛 | | | | |
| | Il taxable income. Enter the smaller of line 43 of | | Schedu | | | | | | | |
| | a (or Form 990-T, line 36) | | | | <u> </u> | 45 | 105,100. | | | |