	3	\					_	<u>ე</u> (39332	8.0	4801	8
(93	₹⁄^)		EXTEN Exempt Organ	DED TO NOVI	EMBE	3R 15		-v Dātim	. " .		07
100	Form	/990-T	E	exempt Organ	d proxy tax und	ine:	SS IN	(1	ax Return	'	OMB No 1545-06	87
			Forca	lendar year 2017 or other tax year	beginning		, , (and ending		_ [2017	7
		tment of the Treasury at Revenue Service		Go to www.ı ► Do not enter SSN numbers	rs gov/Form990T for in					 	Open to Public Inspection 50 (c)(3) Organization	ction for
	Intern	Check box if		Name of organization (D Empl	oyer identification nun	
	~ <u>_</u>	address changed		GRANTHAM FOU					N		loyees' trust, see actions)	
	B E	xempt under section	Print	OF THE ENVIR						04-6856456		
	X]501(c)(3 03_	or	Number, street, and room	or suite no. If a P.O. box	x, see II	nstruction	s			eted business activity nstructions)	codes
		408(e) 220(e)	Туре	C/O JEREMY G	RANTHAM, 4	0 R	OWES	WHARF]	-	
		408A 530(a)		City or town, state or provi		r foreig	n postal c	ode				
		529(a)			02110					900	000	
	C Bo	ok value of all assets end of year		F Group exemption number		<u> </u>	-	7 - 0.4				
		426,413,3						501(c) trust	401(a		Other 1	rust
بعملو				ary unrelated business activi					LIES GENE		NG UBTI	
¥				ooration a subsidiary in an af tifying number of the parent		าเ-รบบรเ	idiary con	troneo group?	> 1	Ye	S A NO	
				JEREMY GRANTH				Telenh	one number 🕨 (617	346-750	0
	_			de or Business Inco			(A) Income	(B) Expense:		(C) Net	
	L	Gross receipts or sale		<u></u>		1	,	,				
	,	Less returns and allow			c Balance	10			•			
	2	Cost of goods sold (S		A, line 7)	•	2			•			
	3	Gross profit. Subtract				3		(
	4 a	Capital gain net incom	e (attac	ch Schedule D)		4a	2!	59,912.			259,9	12.
	b	Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form	4797)	4b						
	C	Capital loss deduction				4c					1 100	- 1
	5	Income (loss) from pa	irtnei sh	nipa and S corporations (attac	ch statement)	5	-1,1	29,304.	STMT .	20	-1,129,3	01.
	6	Rent income (Schedu				6						
	7	Unrelated debt-finance		•		7						
	8			and rents from controlled org		8						
	9			on 501(c)(7), (9), or (17) org	janization (Scheoule G)	9 10						
	10 11	Exploited exempt active Advertising income (S	-	· ·		11						
		Other income (See ins			ATEMENT 21	12		9,433.			9,4	33.
		Total. Combine lines		io, unimoni unimoni,		13	-8	59,959.			-859,9	
				ot Taken Elsewhere	(See instructions fo							
		(Except for d	ontribi	utions, deductions must b	e directly connected	with t	the unrela	ated business	income)			
60	14	Compensation of offi	cers, di	rectors, and trustees (Sched	ule K)					14		
2018	15	Salaries and wages								15		
	16	Repairs and mainten	ance							16		
	17	Bad debts					_	nn		17	0 4	2.4
ပ	18	Interest (attach sche	dule)				S	EE STAT	EMENT 22	18	9,4	34.
OE	19	Taxes and licenses	, •		la.a.\					19		0.
	20			e instructions for limitation r	uies)			l or l		20		<u> </u>
B	21	Depreciation (attach	rorm 4:	562) n Schedule A and elsewhere	on ratiDECEIV	/FI		21 22a		22b		
Z	22	Depletion		II OGIICUUIC A AIIU CISCWIICI C	Pir leith of The L	· = -		[228]	***************************************	23		
SCANNED	23 24	Contributions to defe	rred co	mnensation plans	등 NOV 2 0	2018	SO-SI			24		
ර	25	Employee benefit pro		perioditori piurio	NOV 2 0	<u>د</u> ۱۷	, SE			25		
Ø	26	Excess exempt exper	-	chedule I)	 "					26		

Excess readership costs (Schedule J) 27 1,264. SEE STATEMENT 23 28 Other deductions (attach schedule) 28 10,698. 29 Total deductions. Add lines 14 through 28 29 -870,657. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 31 31 Net operating loss deduction (limited to the amount on line 30) -870,657. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 33 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or 34 -870,657. Form **990-T** (2017)



GRANTHAM FOUNDATION FOR THE PROTECTION

Form 990-T	(2017) OF THE ENVIRONMENT		04-68	85645 6	6 Page 2
Part I	Tax Computation				
	Organizations Taxable as Corporations. See instructions for tax computation.	-		建建建	
•	Controlled group members (sections 1561 and 1563) check here Get instructions are	ndt			
2	Enter your share of the \$50,000, \$25,000, and \$9,925,000 texable income brackets (in that order				
_	(1) \$ (2) S (3) \$]			
h	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 tex computation, income tax on the amount				
	X Tax rate schedule or Schedule D (Form 1041)			▶ 36	0.
37	Proxy tax. See instructions			> 37	
38	Alternative minimum tax				
	Tax on Non-Compliant Facility Income. See instructions				
1 40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	••••		40	0.
Partit	Tax and Payments	********	***************************************		
	Foreign tex credit (corporations attach Form 1118; trusts attach Form 1116)	412			
	Other credits (see instructions)				
	General business credit. Attach Form 3800				
	Credit for prior year minimum tax (attach Form 8801 or 8827)		· · · · · · · · · · · · · · · · · · ·		
	Total credits. Add lines 41a through 41d			41e	
				42	0.
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	200	7 Other components		
~ ·,				44	0.
44	Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017	45ā	~ 146,263		
			140,200		
	2017 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)	45e			
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		一變	
9	Other credits and payments: Form 2439	45-			
					146,263.
46	Total payments. Add lines 45a through 45g Estimated tex penalty (see instructions). Chock if Form 2220 is attached			· 40	140,2031
				F 7	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48	146,263.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want. Credited to 2018 estimated tax 146,	263		► 49 ► 50	0.
50 Part V				- 1 30 1	<u> </u>
					Wa- Ma
	At any time during the 2017 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	roreign c	ountry		X
	here >				
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransteror	eo, a toreign trust?		A
	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 >\$.44	elled of in term
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta- correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any l	and to the best of my know knowledge	weage ena b	ener, n is true,
Here	SE THE WAY A MANAGEMENT			•	discuss this return with
. 10.10	Signature of officer Date Title		shown below (see		
					7 X Yes No
	Print/Type prispare/ sygner Preparer's signature Da	rte	Check.	a 910	
Paid	ADAM COURTS LI/IS/196		self- employe		00716170
Prepa	rer GORLOVSKY-SCHEPP VICTOR				00716178
Use 0	nly Firm's name RAPHAEL AND RAPHAEL LLP		Firm's EIN	▶ U4	4-2206126
	52 CHURCH STREET			C4	340 4000
	Firm's address ► BOSTON, MA 02116		Phone oo.	<u> </u>	210-1200 Form 990-T (2017)
	•				

GRANTHAM FOUNDATION FOR THE PROTECTION

Form 990-T (2017) OF THE ENVIRONMENT

04-6856456

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	Γ		6		
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs				line 2		Į	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	cquired	for resale) apply to		<u> </u>	لئــــّــا.
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)				-					
(2)									
(3)									
(4)									
	2. Rentreceiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total ,	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.			0.	(b) Total deductions. Enter here and on page 1 Part I line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	income (see	ınstru	ctions)		• • • • • • •		. 11	
			2	. Gross income from		 Deductions directly conn to debt-finance 	ectea with a ed property	r allocable	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b)	Other deduction	ns
(1)			1						
(2)							Ι		
(3)							I		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted besis allocable to nced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)			1	%	-				
(2)			\top	%					
(3)			1	%					
(4)			1	%					
	•.		•			nter here and on page 1, Part I, line 7, column (A).		here and on pag I, line 7, column	
Totals						0.	1		0.
Total dividends-received deductions in	ncluded in columi	18		- 1		>	1		0.

				Exempt	Controlled O	rganızat	ions						
1. Name of controlled organiza	1. Name of controlled organization		Name of controlled organization		nployer ication iber	3 Net unrelated income (loss) (see instructions)		4. To pay	ıyments made 📗 ın		5. Part of column 4 that is included in the controlling organization s gross income		6. Deductions directly connected with income in cotumn 5
(1)													
(2)							_						
(3)													
(4)									-				
Nonexempt Controlled Organi	ızatıons	·											
7. Taxable Income	8. Net u	nrelated inconsee instructions		9. Total	of specified payr made	nents	10. Part of colui in the controlli gross	nn 9 the ng orga income	nization's		eductions directly connected n income in column 10		
(1)	-												
(2)													
(3)				T									
(4)		**		<u> </u>									
							Add colum Enter here and line 8, c		a 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)		
Totals						>			0.		0.		
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	7), (9), or (⁻	17) Org	ganization						
(see inst	ructions)				1		<u> </u>		т —		T -		
1. Desc	cription of incor	me			2. Amount of	income	3 Deduction directly connected (attach sched)	cted	4. Set-	asides chedule)	 Total deductions and set-asides (col 3 plus col 4) 		
(1)													
(2)										,			
(3)													
(4)													
					Enter here and o Part I line 9, co	umn (A)					Enter here and on page 1 Part I, line 9, column (B)		
Totals				<u></u>		0.					0.		
Schedule I - Exploited (see instru		Activity	Incom	e, Other	Than Adv	ertisin	ig Income						
1 Description of exploited activity	2. G unrelated income trade or b	business e from	directly of with pro of uni	penses connected oduction related s income	4. Net incomfrom unrelated business (column gain, compute through	trade or lumn 2 i3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribute colur	sble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)													
(2)													
(3)								<					
(4)													
	Enter here page 1, line 10, d	Part I, col (A)	page 1	re and on 1, Part I, col (B)							Enter here and on page 1, Part II, line 26		
_{Totals} ► Schedule J - Advertisii	na Incon	0.	nstruction	0.	<u> </u>						0.		
Part I Income From I					hetchilos	Racie							
raiti income i romi	- enouic	ais nept			Solidated	Dasis							
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in comput	5 Girculati e income	on	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)													
(2)													
(3)													
(4)													
Totals (carry to Part II, line (5))		(0							0.		
(, to r art ii, iiio (0))					- 1								

Form 990-T (2017) 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 Circulation 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.		•		Ō.
	Enter here and on page 1, Part I, tine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		. ;		Enter here and on page 1, Pert II, line 27
Totals, Part II (lines 1-5)	0.	0.		· •		0.

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

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

Form 990-T (2017)

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

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No 1545-0092 2017

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. Int I Short-Term Capital Gains and Losses - Ass	ets Held One Y	ear or Less	<u></u>		<u></u>
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (g		(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 Carryover Worksheet		<u>5</u> 6	17,952.		
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in colu	mn (h). Enter here and	on line 17,			17.050
Pa	column (3) on page 2 Int II Long-Term Capital Gains and Losses - Asse	ets Held More T	han One Year		7_	17,952.
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from		(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				٠	
8 b	Totals for all transactions reported on Form(s) 8949 with					
9	Box D checked 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	241,960.			
13	Capital gain distributions				13	
14 15	Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of	the 2016 Capital Loss			14	
	Carryover Worksheet Net long-term capital gain or (loss). Combine lines 8a through 15 in colu		on line 18s		15	
16	column (3) on page 2	mm (m). Enter Here allo	OI IIIIG 104,		16	241,960.

GRANTHAM FOUNDATION FOR THE PROTECTION

Schedule D (Form 1041) 2017 OF THE ENVIRONMENT			04-6	856456 Page
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part.			or trust's	
17 Net short-term gain or (loss)	17		17,95	17,952.
18 Net long-term gain or (loss);				
a Total for year	18a		241,960	241,960.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
c 28% rate gain	18c			
19 Total net gain or (loss). Combine lines 17 and 18a	▶ 19		259,912	2. 259,912.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Form 990-T, P	art I, line 4a) If line:	s 18a and 19, col	umn (2), are net gains,
go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, of				
Part IV Capital Loss Limitation				
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, Iir	ne 4c, if a trust), the	smaller of:		
a The loss on line 19, column (3) or b \$3,000			20 ()
Note. If the loss on line 19, column (3), is more than \$3,000, or if Form 1041,	, page 1, line 22 (oi	r Form 990-T, line 3	34), is a loss, com	plete the Capital
Loss Carryover Worksheet in the instructions to figure your capital loss carryo	ver			
Part V Tax Computation Using Maximum Capital Ga	ins Rates			
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are	gains, or an amount	is entered in Part I or	Part II and there is	an entry on Form 1041,
line 2b(2), and Form 1041, line 22, is more than zero				
Caution: Skip this part and complete the Schedule D Tax Worksheet in the insi	tructions if			
• Either line 18b, col (2) or line 18c, col (2) is more than zero, or				
Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Form 990-T trusts Complete this part only if both lines 18a and 19 are gains, or qua	alified dividends are i	ncluded in income in	Part I of Form 990-	T, and Form 990-T, line
34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet II	n the instructions if e	either line 18b, col. (2) or line 18c, col (2) is more than zero
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	21			
22 Enter the smaller of line 18a or 19 in column (2)				•
but not less than zero			l l	
23 Enter the estate's or trust's qualified dividends from			·	
Form 1041, line 2b(2) (or enter the qualified dividends			i	
included in income in Part I of Form 990-T)				
24 Add lines 22 and 23 24			l	
25 If the estate or trust is filing Form 4952, enter the				
amount from line 4g; otherwise, enter -0-]		
26 Subtract line 25 from line 24 If zero or less, enter -0-	26			
27 Subtract line 26 from line 21 If zero or less, enter -0-	27			
28 Enter the smaller of the amount on line 21 or \$2,550	28	<u> </u>		
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 This amount is taxed at 0	%	-	▶ 30	
31 Enter the smaller of line 21 or line 26	31			
32 Subtract line 30 from line 26	32	Ļ		
33 Enter the smaller of line 21 or \$12,500	33	L		
34 Add lines 27 and 30	34			
35 Subtract line 34 from line 33. If zero or less, enter -0-	35			
36 Enter the smaller of line 32 or line 35	36	<u> </u>		
37 Multiply line 36 by 15% (0.15)	Ē	•	▶ 37	
38 Enter the amount from line 31	38			
39 Add lines 30 and 36	39			
40 Subtract line 39 from line 38. If zero or less, enter -0-	40	<u> </u>		
41 Multiply line 40 by 20% (0.20)			▶ 41	
42 Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Esta	ates			
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42			
43 Add lines 37, 41, and 42	43			
44 Figure the tax on the amount on line 21 Use the 2017 Tax Rate Schedule for Esta	ates			
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	<u> </u>		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on F	orm 1041, Schedule			
G, line 1a (or Form 990-T, line 36)			▶ 45	