| Pal        | Total Unrelated Business Taxable Income  |  |                |
|------------|--|--|----------------|
| 32         | Total of unrelated business taxable income computed from all unrelated trades or businesses (see   |  | _              |
|            | Amounts paid for disallowed fringes  | 995,87   | 3.             |
| 33         | randoms paid for discribing a milgor   | 33   |                |
| 34         | Charitable contributions (see instructions for limitation rules)   | 34 99,48   | 7.             |
| 35         | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from   |  |                |
| 26         | the sum of lines 32 and 33   | 35 896,38  | ь.             |
| 36         | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)  | 36 896, 38   | -              |
| 37         | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38 1,00  |                |
| 38<br>39   | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38 1,00  | <u>u.</u>      |
|            | enter the smaller of zero or line 37   | <b>39</b> 895, 38  | 6.             |
| Par        | Tax Computation  | <b>-</b>   |                |
| 40         | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | 40' 188,03   | 1.             |
| 41         | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of the amount  |  |                |
|            | on line 39 from: Tax rate schedule or Schedule D (Form 1041)   | 41   |                |
|            | Proxy tax. See instructions  | 42   |                |
| 43<br>44   | Alternative minimum tax (trusts only)  | 43   |                |
| 45         | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 45 188,03  | 1              |
|            | Tax and Payments   | 100,03   | <del></del>    |
|            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 45a   |  |                |
|            | Other credits (see instructions)   |  |                |
| C          | General business credit. Attach Form 3800 (see instructions)   |  |                |
|            | Credit for prior year minimum tax (attach Form 8801 or 882)  |  |                |
|            | Total credits. Add lines 46a through 46d   |  | 0.             |
| 47         | Subtract line 46e from line 45   | 188,03   | <u>1.</u>      |
| 48         | Other (attach schedule)  | 48   |                |
| 49         | Total tax. Add lines 47 and 48 (see instructions)  | 49 188,03  | 1              |
| 50         | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50   | <u> </u>       |
| 51 a       | Payments: A 2018 overpayment credited to 2019  |  |                |
|            | 2019 estimated tax payments  |  |                |
| C          | Tax deposited with Form 8868   |  |                |
|            | Foreign organizations: Tax paid or withheld at source (see instructions)   |  |                |
|            | Backup withholding (see instructions)  |  |                |
|            | Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439   |  |                |
| 9          | Form 4136 Other Total 51 g   |  |                |
| 52         | Total payments, Add lines 51a through 51g.   | 52 355, 62:  | 2              |
| 53         | Estimated tax penalty (see instructions). Check if Form 2220 is attached.  | 58 553,02.   | <u>٠</u> -     |
| 54         | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54   | —              |
| 55         | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  | 55 167,592   | <del></del>    |
| <i>5</i> 6 | Enter the amount of line 55 you want: Credited to 2020 estimated tax ► 167, 592. Refunded ►  | 2 -  | 0.             |
| Par        | tiVI Statements Regarding Certain Activities and Other Information (see instructions)  |  |                |
| 57         | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over   |  | lo             |
|            | financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN  | <del></del>  |                |
|            | Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here  |  | <u>X</u>       |
| 58         | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a   | i foreign trust?.  | <u>X</u>       |
|            | If 'Yes,' see instructions for other forms the organization may have to file.  |  |                |
|            | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 0.  | f my knowledge and   |                |
| Sigr       | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any |  |                |
| Hen        |  | May the IHS discuss this return with preparer shown below (see | u)             |
|            | Signature of onicer / / Date 1106  | Instructions)? X Yes A   | No             |
| Paic       | Print/Type preparer's name Preparer's signature Date Check if  | PTIN   |                |
| Pre-       |  | P00520729  |                |
| pare       | Firm's name CROWE LLP Firm's EIN   | 35-0921680   |                |
| Use        | Firm's address 750 N. ST PAUL, SUITE 850   |  |                |
| Only       | 21   | 14-777-5200  |                |
| BAA        | TEEA0202L 02/21/20   | Form <b>990-T</b> (2019  | <del>)</del> ] |

TEEA0203L 09/19/19

Form **990-T** (2019)

Totals.

BAA

Total dividends-received deductions included in column 8.

| ochequie P — interest, P           |                                  |   |                                | trolled Or   |  |  | gu               | TILLUCIO TIS   | (300 111 | 34 404 67 12                 | ,  |
|------------------------------------|----------------------------------|---|--------------------------------|--|--|--|------------------|--|----------|------------------------------|--|
| 1 Name of controlled organization  | 2 Empli<br>identific<br>numb     | oyer 3  | Net uni<br>income<br>ee instri | related<br>(loss)  | 4  | Total of speci<br>payments ma  |                  | organi   |          | in c                         | eductions directly<br>onnected with<br>ome in column 5                                     |
| (1)                                |                                  |   |                                |  | 1  |  |                  |  |          |                              |  |
| (2)                                |                                  |   |                                |  | T  |  |                  |  |          |                              |  |
| (3)                                | <del> </del>                     | <del></del>   |                                |  | +  |  |                  |  |          |                              |  |
| (4)                                |                                  |   |                                | <del></del>  | +-   |  |                  |  |          | -                            |  |
|                                    | l                                |   |                                |  |  |  |                  |  |          |                              |  |
| Nonexempt Controlled Organiz       |                                  |   | <b>-</b>                       |  |  | 440-4-4  |                  | 0.45-4   |          | 44 D - d                     | A  |
| 7 Taxable Income                   | 8 Net un<br>income<br>(see instr | (loss)  |                                | f specified<br>nts made  | a  | 10 Part of included in organization  | the c            | ontrolling   |          | connected                    | tions directly<br>d with income<br>blumn 10  |
| (1)                                |                                  |   |                                |  |  |  |                  |  |          |                              | •••  |
| (2)                                |                                  |   |                                |  | i  |  |                  |  | i i      |                              |  |
| (3)                                |                                  |   |                                |  |  |  |                  |  | Ì        |                              | -  |
| (4)                                |                                  |   |                                |  |  |  |                  |  | <u> </u> |                              |  |
|                                    |                                  | - <b> </b>  |                                |  | '  | Add columns<br>here and on p<br>8, co  |                  | , Part I, line   |          | and on p                     | 6 and 11. Enter<br>page 1, Part I, line<br>lumn (B).                                       |
| Totals                             |                                  |   |                                |  | <u>. L</u>                                       |  |                  |  |          | *                            |  |
| Schedule G - Investmen             | nt Income                        | of a Section  | n 501(                         |  |  |  |                  |  |          |                              |  |
| 1 Description of income            | 2                                | Amount of inc   | ome                            | dire   | ctiv c   | uctions<br>connected<br>chedule)   |                  | 4 Set-aside<br>ttach sched                                 |          | set-a                        | l deductions and<br>sides (column 3<br>us column 4)  |
| (1)                                |                                  |   |                                |  |  |  |                  |  |          |                              |  |
| (1)<br>(2)                         |                                  |   |                                |  |  |  |                  |  |          | 1                            |  |
| (3)                                | 1                                |   |                                |  |  |  |                  |  |          |                              |  |
| (4)                                |                                  |   |                                |  |  |  |                  |  |          |                              |  |
| Totals.  Schedule I — Exploited I  | Part                             | er here and on<br>I, line 9, colu                                       | mn (A).                        | nor Tho  | m A.   | dvorticina l   | Incon            | 70 (see ins  | truction | Part I, II                   | re and on page 1<br>ne 9, column (B)   |
| Scriedule I — Exploited I          | Exempt Ac                        | <del>-</del>  | <del> </del>                   |  | T  |  |                  |  |          |                              | T  |
| 1 Description of exploited a       |                                  | 2 Gross<br>unrelated<br>business<br>income from<br>trade or<br>business | conne<br>prot<br>of u          | ises directly<br>ected with<br>duction<br>nrelated<br>ess income | from<br>or bu<br>2 mil                           | et income (loss) unrelated trade usiness (column nus column 3). gain, compute nns 5 through 7. | activi<br>unrela | s income from<br>ty that is not<br>ated business<br>income | attribi  | penses<br>Itable to<br>Imn 5 | 7 Excess exempt<br>expenses (column (<br>minus column 5, bu<br>not more than<br>column 4). |
| (1)                                |                                  |   | 1                              |  | <b></b>  |  |                  |  |          |                              |  |
| (2)                                |                                  |   | 1                              |  | <del>                                     </del> |  |                  |  |          |                              |  |
| (3)                                |                                  |   | Ì                              |  | <del>                                     </del> |  |                  |  |          |                              |  |
| (4)                                |                                  |   | 1                              |  |  |  |                  |  |          |                              | <del>                                     </del>   |
|                                    | F                                | nter here and<br>on page 1,<br>Part I, line 10,<br>column (A).          | on p                           | here and<br>page 1,<br>I, line 10,<br>mn (B).                    | 1  |  |                  |  |          |                              | Enter here and<br>on page 1,<br>Part II, line 25.  |
| Totals                             | · •                              |   | <u> </u>                       | ·  | <u> </u>   |  |                  |  |          |                              |  |
| Schedule J - Advertising           |                                  |   |                                |  |  |  |                  |  |          |                              |  |
| Part I Income From Pe              | riodicals l                      | Reported or   | n a Co                         | nsolida  | ted  | Basis  |                  |  |          |                              |  |
| 1 Name of periodica                | 1                                | 2 Gross<br>advertising<br>income  | adve                           | Direct<br>ertising<br>osts                                       | (los   | ivertising gain or<br>is) (col. 2 minus<br>ol. 3). If a gain,<br>ompute cols. 5<br>through 7.  |                  | rculation<br>ncome   |          | dership<br>osts              | 7 Excess readership<br>costs (col. 6 minus<br>col. 5, but not more<br>than col. 4).        |
| (1)                                |                                  |   |                                |  |  |  |                  |  |          |                              | 1  |
| _(2)                               |                                  |   |                                |  | 1  |  | L                |  |          |                              | 1  |
| (3)                                |                                  |   |                                |  | 4  |  | <b> </b>         |  |          |                              | 4  |
| (4)                                |                                  |   | ļ                              |  | 1  |  |                  |  |          |                              |  |
| Totals (carry to Part II, line (5) | ) <b>-</b>                       |   |                                |  |  |  |                  |  |          |                              |  |

Form **990-T** (2019)

| Form 990-T (2019) The Rees-Jos                           | nes Foundatio  | n   |   |  | 20-5132900           | Page 5  |
|--|--|---|---|--|----------------------|---|
| Part II Income From Periodic 7 on a line-by-line basis.) |  |   | Basis (For each p   | eriodical listed in                    | Part II, fill in col | umns 2 through  |
| 1 Name of periodical                                     | 2 Gross<br>advertising<br>income                               | 3 Direct<br>advertising<br>costs                                | 4 Advertising gain or<br>(loss) (col. 2 minus<br>col. 3). If a gain,<br>compute cols. 5<br>tirough 7. | 5 Circulation income                   | 6 Readership costs   | 7 Excess readership<br>costs (col. 6 minus<br>col. 5, but not more<br>than col. 4). |
| (1)  |  |   |   |  |                      |   |
| (2)  |  |   |   |  |                      |   |
| (3)  |  |   |   |  |                      |   |
| (4)  |  |   |   |  |                      |   |
| Totals from Part I                                       | <b>&gt;</b>  |   |   |  |                      |   |
|  | Enter here and<br>on page 1,<br>Part I, line 11,<br>column (A) | Enter here and<br>on page 1,<br>Part 1, line 11,<br>column (B). |   |  |                      | Enter here and<br>on page 1,<br>Part II, line 26.                                   |
| Totals, Part II (lines 1-5)                              | ▶  |   |   |  |                      |   |
| Schedule $K-Compensation$                                | of Officers, Dire  | ctors, and Tr   | <b>ustees</b> (see instr  | uctions)                               |                      |   |
| 1 Name   |  |   | 2 Title   | 3 Percent<br>time devote<br>to busines | ed to unrela         | ntion attributable ted business   |
|  |  |   |   |  | %                    |   |
|  |  |   |   |  | %                    |   |
|  |  |   |   |  | %                    |   |
|  |  |   |   | <del></del>                            | 9                    |   |

TEEA0204 L 09/19/19

Total. Enter here and on page 1, Part II, line 14 BAA

## **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an** Unrelated Trade or Business

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning

, 2019, and ending

|           | ent of the Treasury<br>Revenue Service | ► Go to www.irs.go ► Do not enter SSN numbers on       | ov/Form990T for instru |         |                 |                   |        | o Public Inspection for<br>(3) Organizations Only |
|-----------|--|--|------------------------|---------|-----------------|-------------------|--------|---|
|           | f the organization                     | - 24 Hat 4Hat 00H Hatilbell 20H                        |                        | Pa      |                 | Employer identifi |        | <del> </del>                                      |
|           | J                                      | Foundation   |                        |         |                 | 20-513290         |        |   |
|           |  | ss Activity Code (see instruct                         | ions)► 9nnn99          |         |                 | 120 010290        | -      |   |
|           |  | lated trade or business ► BI                           |                        |         | -               |                   |        | •   |
| Part      |  | Trade or Business Incor                                |                        |         | (A) Income      | (B) Expense       | s      | (C) Net   |
| 1a        | Gross receipts                         | or sales   |                        |         |                 | - <del> </del>    |        |   |
| b         | Less returns and a                     |  | c Balance ►            | 1c      |                 |                   |        |   |
| 2         | Cost of goods                          | sold (Schedule A, line 7)                              | •                      | 2       |                 |                   |        | 1   |
| 3         |  | Subtract line 2 from line 1c                           |                        | 3       |                 |                   |        |   |
| 4a        | Capital gain n                         | et income (attach Schedule I                           | <b>D)</b> .            | 4a      | 4,858           |                   |        | 4,858.  |
| b         | Net gain (loss)                        | (Form 4797, Part II, line 17) (att                     | ach Form 4797)         | 4b      |                 |                   |        |   |
| C         | •                                      | eduction for trusts                                    |                        | 4c      |                 |                   |        |   |
| 5         |  | from a partnership or an S of                          | orporation             |         |                 |                   |        |   |
|           | (attach statem                         | •  | ement 4                | 5       | 3,737           |                   |        | 3,737.  |
| 6         | Rent income (                          | •  |                        | 6       |                 |                   |        |   |
| 7         |  | t-financed income (Schedule                            |                        | 7       |                 |                   |        |   |
| 8         | Interest, annu<br>organization (       | ities, royalties, and rents from<br>Schedule F)        | n a controlled         | 8       |                 |                   |        |   |
| 9         | Investment incorganization (           | come of a section 501(c)(7),<br>Schedule G)            | (9), or (17)           | 9       |                 |                   |        |   |
| 10        |  | npt activity income (Schedul                           | e I)                   | 10      |                 |                   |        |   |
| 11        |  | come (Schedule J)                                      |                        | 11      |                 |                   |        |   |
| 12        |  | (See instructions; attach sch                          | edule)                 | 12      |                 |                   |        |   |
| 13        |  | e lines 3 through 12                                   | •                      | 13      | 8,595           |                   |        | 8,595.  |
| Part      |  | s Not Taken Elsewhere (See with the unrelated business |                        | mitatio | ns on deduction | s.) (Deductions I | must b | e directly  |
| 14        | Compensation                           | of officers, directors, and tr                         | ustees (Schedule       | K)      |                 |                   | 14     |   |
| 15        | Salaries and v                         | vages  |                        |         |                 |                   | 15     |   |
| 16        | Repairs and m                          | naintenance  |                        |         |                 |                   | 16     |   |
| 17        | Bad debts                              |  |                        |         |                 |                   | 17     |   |
| 18        | Interest (attac                        | h schedule) (see instructions                          | <b>)</b>               |         |                 |                   | 18     |   |
| 19        | Taxes and lice                         | enses .  |                        |         |                 |                   | 19     |   |
| 20        | Depreciation (                         | attach Form 4562)                                      |                        |         | 20              |                   |        |   |
| 21        | Less deprecia                          | tion claimed on Schedule A                             | and elsewhere on       | return  | 21a             |                   | 21 b   |   |
| 22        | Depletion                              | • • • •  |                        |         |                 |                   | 22     |   |
| 23        |  | to deferred compensation pla                           | ans                    |         | ••              |                   | 23     |   |
| 24        | Employee ben                           | , ,  |                        | -       |                 |                   | 24     |   |
| 25        | •                                      | ot expenses (Schedule I)                               |                        |         |                 |                   | 25     |   |
| 26        |  | ship costs (Schedule J).                               |                        |         |                 |                   | 26     |   |
| <b>27</b> |  | ons (attach schedule)                                  |                        |         |                 |                   | 27     |   |
| 28        |  | ons. Add lines 14 through 27                           |                        |         |                 |                   | 28     |   |
| 29        |  | s taxable income before net operatin                   |                        |         |                 |                   | 29     | 8,595.  |
| 30        | Deduction for instructions).           | net operating loss arising in                          | tax years beginni      |         |                 | 1, 2018 (see      | 30     |   |
| 31        |  | iness taxable income. Subtra                           | act line 30 from lir   | ne 29   |                 |                   | 31     | 8,595.  |

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

TEEA0203L 09/19/19

Totals

BAA

Total dividends-received deductions included in column 8

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Form 990-T (2019)

| Form 990-T (2019) The Ree            |         |   |                           |                                 |  |                            |   |          |   |                               | 132900                       |   |
|--------------------------------------|---------|---|---------------------------|---------------------------------|--|----------------------------|---|----------|---|-------------------------------|------------------------------|---|
| Schedule F - Interest, A             | Innuiti | es, Royalti   |                           |                                 |  |                            |   | Ərgai    | nizations   | (see in:                      | structions                   | ·)  |
|                                      |         |   | Exemp                     | ot Con                          | trolled Or   | gan                        | izations  |          |   |                               |                              |   |
| 1 Name of controlled<br>organization | ıder    | Employer<br>ntification<br>number                                 | in                        | come                            | related<br>(loss)<br>uctions)                                    |                            | Total of speci<br>payments mad  |          | 5 Part of<br>that is in<br>the con<br>organiz<br>gross i    | cluded<br>trolling<br>ation's | in c                         | eductions directly<br>onnected with<br>ome in column 5                                      |
| (1)                                  |         |   |                           |                                 |  | $\top$                     |   |          |   |                               |                              |   |
| (2)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (3)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (4)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| Nonexempt Controlled Organiz         | ations  |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| 7 Taxable Income                     | เกต     | et unrelated<br>come (loss)<br>instructions)                      |                           |                                 | f specified<br>nts made  | d                          | 10 Part of included in organization   | i the d  | controlling   |                               | connecte                     | tions directly<br>d with income<br>olumn 10   |
| (1)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (2)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (3)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              | 1   |
| (4)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| Totals .                             | _       |   |                           |                                 |  |                            | Add columns<br>here and on p<br>8, co   |          | , Part I, line  |                               | e and on p                   | s 6 and 11. Enter<br>page 1, Part I, line<br>lumn (B).                                      |
| Schedule G - Investme                | nt inco | me of a Se  | ction                     | 501(                            | c)(7), (9)   | ), o                       | r (17) Orgai  | nizat    | ion (see ins  | truction                      | ns)                          |   |
| 1 Description of income              |         | 2 Amount  |                           |                                 | 3<br>direc   | Ded<br>ctly                | fuctions<br>connected<br>schedule)  |          | 4 Set-aside   | S                             | 5 Tota<br>set-a              | deductions and sides (column 3 us column 4)   |
| (1)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (1)<br>(2)                           |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (3)                                  |         |   |                           |                                 |  |                            |   |          |   |                               |                              |   |
| (4)                                  |         |   |                           |                                 |  |                            |   |          |   |                               | F-4 b-                       |   |
| Totals                               | •       | Enter here ar<br>Part I, line 9,                                  | na on pa<br>, colum       | agel,<br>n(A).                  |  |                            |   |          |   |                               |                              | re and on page 1,<br>ine 9, column (B).   |
| Schedule I - Exploited I             | Exemp   | t Activity I  | ncom                      | e. Oti                          | her Thai   | n A                        | dvertising  | ncor     | ne (see ins   | truction                      | ıs)                          | · · · · ·   |
| 1 Description of exploited           |         | 2 Gross<br>unrelate<br>busines<br>income fr<br>trade o<br>busines | s<br>ed<br>ss<br>om<br>er | 3 Exper<br>conne<br>pro<br>of u | ises directly<br>ected with<br>duction<br>nrelated<br>ess income | 4 N<br>fron<br>or b<br>2 m | let income (loss) in unrelated trade pusiness (column linus column 3). a gain, compute linus 5 through 7. | 5 Gros   | s income from<br>ity that is not<br>ated business<br>income | 6 Ex                          | penses<br>Itable to<br>Imn 5 | 7 Excess exempt<br>expenses (column 6<br>minus column 5, but<br>not more than<br>column 4). |
| (1)                                  |         | <del>                                     </del>                  | -                         |                                 |  | -                          |   |          |   |                               |                              |   |
| (1)<br>(2)                           |         | +   | +                         |                                 |  | $\vdash$                   |   |          |   |                               |                              | <del>                                     </del>  |
| (3)                                  |         | <del>                                     </del>                  | +                         |                                 |  | t                          |   |          |   |                               |                              | <u> </u>  |
| (4)                                  |         | <del>                                     </del>                  |                           |                                 |  | T                          |   |          |   |                               |                              | 1   |
| Totals                               |         | Enter here on page Part I, line column                            | 1,<br>e 10,               | on p<br>Part                    | here and<br>page 1,<br>I, line 10,<br>mn (B).                    | 1                          |   |          |   |                               |                              | Enter here and<br>on page 1,<br>Part II, line 25.   |
| Schedule J – Advertisir              | ng Inco | me (see inst  | truction                  | s)                              |  | -                          |   |          |   |                               |                              | <del> </del>  |
| Part I Income From Pe                |         |   |                           |                                 | nsolida  | ited                       | Basis   |          |   |                               |                              |   |
| Turing modern control                |         | 2 Gros  |                           |                                 | Direct   | 14 A                       | Advertising gain or   | 5 C      | irculation  | 6 Rea                         | dership                      | 7 Excess readership   |
| 1 Name of periodica                  | 1       | advertisi<br>income   |                           |                                 | ertising<br>osts   | (la                        | oss) (col. 2 minus<br>col. 3). If a gain,<br>compute cols. 5<br>through 7.                                |          | ncome   | С                             | osts                         | costs (col. 6 minus<br>col. 5, but not more<br>than col. 4).                                |
| (1)                                  |         |   |                           |                                 |  | 4                          |   |          |   |                               |                              | -   |
| (2)                                  |         |   | <del></del> +             |                                 | _  | ┨                          |   | <u> </u> |   |                               |                              | 1   |
| (3)                                  |         |   |                           |                                 | _  | 1                          |   | <u> </u> |   |                               |                              | 1   |
| (4)                                  |         |   |                           |                                 | -  |                            |   |          |   |                               |                              |   |
| Totals (carry to Part II, line (5)   | ))      | <u> </u>  |                           |                                 |  | <u> </u>                   |   | <u> </u> | <u> </u>  |                               |                              | 000 T (2010)  |
| BAA                                  |         |   |                           | π                               | EEA0204 L  | 09/19                      | 9/19  |          |   |                               | 1                            | Form <b>990-T</b> (2019)  |

Form **990-T** (2019)

Total. Enter here and on page 1, Part II, line 14 BAA

| es Foundatio   | on  |  |   | 20-5132900   | Page 5   |
|--|---|--|---|--|--|
| ls Reported or   | ı a Separate E  | Basis (For each p  | eriodical listed in   | Part II, fill in col   | umns 2 through   |
| 2 Gross<br>advertising<br>income                               | 3 Direct<br>advertising<br>costs  | 4 Advertising gain or<br>(loss) (col. 2 minus<br>col. 3). If a gain,<br>compute cols. 5<br>through 7.                    | 5 Circulation income  | 6 Readership costs   | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).   |
|  |   |  |   |  |  |
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|  |   |  |   |  |  |
|  |   | ,  | ,   |  |  |
|  |   | <u> </u>   |   |  |  |
| Enter here and<br>on page 1,<br>Part I, line 11,<br>column (A) | Enter here and<br>on page 1,<br>Part I, line 11,<br>column (B).                   |  |   |  | Enter here and<br>on page 1,<br>Part II, line 26.  |
| •  |   |  |   |  | _  |
| f Officers, Dire   | ctors, and Tru  | ustees (see instr  | uctions)  |  |  |
|  |   | 2 Title  | time devot  | ed to unrela   | ation attributable<br>ited business  |
|  |   |  |   | ્ર   |  |
|  |   |  |   | ્ર   |  |
|  |   |  |   | %  |  |
|  | 2 Gross advertising income  Enter here and on page 1, Part I, line 11, column (A) | 2 Gross advertising income Solution advertising costs  Enter here and on page 1, Part I, line 11, column (A) Column (B). | 2 Gross advertising income  2 Gross advertising costs  3 Direct advertising costs  3 Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  Enter here and on page 1, Part I, line 11, column (A)  FOfficers, Directors, and Trustees (see instructions) | S Reported on a Separate Basis (For each periodical listed in a Separate Bas | S Reported on a Separate Basis (For each periodical listed in Part II, fill in color advertising 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 |

TEEA0204 L 09/19/19

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 1120)

**Capital Gains and Losses** 

ID.

► 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.

2019

OMB No. 1545-0123

| Name  |                           |                          | E            | mployer id             | entific | ation number                                      |              |
|---|---------------------------|--------------------------|--------------|------------------------|---------|---|--------------|
| The Rees-Jones Foundation   |                           |                          | 2            | 20-513                 | 290     | 0   |              |
| Did the corporation dispose of any investment   | (s) in a qualified opp    | ortunity fund during t   | the tax ye   | ear?                   |         | Yes X No  | 0            |
| If "Yes," attach Form 8949 and see its instruct   | tions for additional re   | quirements for repor     | ting your    | gain or                | loss    | ·   |              |
| Part   Short-Term Capital Gains and I   | Losses (See instruc       | ctions.)                 |              |                        |         |   |              |
| See instructions for how to figure the amounts to   | (d)                       | (e)                      | (g) Ad       | ljustmen               | ts      | (h) Gain or (loss                                 |              |
| enter on the lines below.  This form may be easier to complete if you round                       | Proceeds<br>(sales price) | Cost<br>(or other basis) | Form(s)      | ór loss fr<br>8949, Pa | art I,  | Subtract column (e) fro<br>column (d) and combine | e the        |
| off cents to whole dollars.   | (sales price)             | (Or Other Dasis)         | line 2,      | column                 | (g)     | result with column (g                             | <u>1)</u>    |
| 1a Totals for all short-term transactions reported<br>on Form 1099-B for which basis was reported |                           |                          |              |                        |         |   |              |
| to the IRS and for which you have no adjust-  |                           |                          |              |                        |         |   |              |
| ments (see instructions). However, if you choose to report all these transactions on              |                           |                          |              |                        |         |   |              |
| Form 8949, leave this line blank and go to  |                           |                          |              |                        |         |   |              |
| line 1b   |                           |                          | <del> </del> |                        |         |   | —            |
| Form(s) 8949 with Box A checked   |                           |                          |              |                        |         |   |              |
| Totals for all transactions reported on<br>Form(s) 8949 with Box B checked                        |                           |                          |              |                        |         |   |              |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked                         |                           | 156,639.                 |              |                        |         | -156,63   | 9.           |
|   | , E 6050 L                |                          | <u> </u>     |                        |         | ^   | _            |
| 4 Short-term capital gain from installment sales  | from Form 6252, line 2    | 26 or 3/                 | • • •        |                        | 4       |   | —            |
| 5 Short-term capital gain or (loss) from like-kind  | d exchanges from Form     |                          |              |                        | 5       |   | —            |
| 6 Unused capital loss carryover (attach computa   | ation).                   | See St                   | tatemen      | nt 7                   | 6       | 787,02  | 8.           |
| 7 Net short-term capital gain or (loss). Combine  |                           |                          |              | .,                     | 7       | -943,66   | <u>:7.</u>   |
| Part II Long-Term Capital Gains and L   | osses (See instruc        | ctions.)                 | T            |                        |         |   |              |
| See instructions for how to figure the amounts to enter on the lines below.                       | (d)                       | (e)<br>Cost              | I to gain o  | ljustmen<br>or loss fi | om      | (h) Gain or (loss<br>Subtract column (e) fr       |              |
| This form may be easier to complete if you round  | Proceeds<br>(sales price) | (or other basis)         | Form(s)      | 8949, Pa<br>column     | art II, | column (d) and combine<br>result with column (    | e the        |
| off cents to whole dollars.   |                           |                          | 1110 2,      | COIGITIII              | (9)     | result with continuit (                           | <del>"</del> |
| 8a Totals for all long-term transactions reported<br>on Form 1099-B for which basis was reported  |                           |                          |              |                        |         |   |              |
| to the IRS and for which you have no adjust-<br>ments (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  |                           |                          | 1            |                        |         |   |              |
| Form(s) 8949 with Box F checked   | 234,473.                  |                          | L            |                        |         | 234,47  | <u> 13.</u>  |
| 11 Enter gain from Form 4797, line 7 or 9   |                           |                          |              |                        | 11      |   |              |
| 11 Enter gain noin roin 4737, line 7 of 3   | •                         |                          | • •          | •                      |         |   |              |
| 12 Long-term capital gain from installment sales  | from Form 6252, line 2    | 6 or 37.                 |              | -                      | 12      |   |              |
| 13 Long-term capital gain or (loss) from like-kind  | l exchanges from Form     | 8824                     |              |                        | 13      |   |              |
| 14 Capital gain distributions (see instructions)  |                           |                          |              |                        | 14      |   |              |
| 15 Net long-term capital gain or (loss). Combine  | lines 8a through 14 in o  | column h                 |              |                        | 15      | 234,47  | 73.          |
| Part III Summary of Parts I and II  |                           |                          |              |                        |         |   |              |
| 16 Enter excess of net short-term capital gain (li  | ne 7) over net long-tern  | n capital loss (line 15) |              |                        | 16      |   |              |
| 17 Net capital gain. Enter excess of net long-term  |                           |                          | ortal loss ( | (line 7).              | 17      |   |              |
| 18 Add lines 16 and 17. Enter here and on Form  |                           |                          |              | i                      | 18      |   | 0.           |
| Note: If losses exceed gains, see Capital Loss  |                           |                          |              |                        |         |   |              |

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

SSN or taxpayer identification number

The Rees-Jones Foundation

20-5132900

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

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)

|     |                            |                                  |                      |                              | -                                    | n Form(s) 1099-B<br>ed to you on Form                               | -                               | asn't reported to 1  | me IKS                              |  |  |
|-----|----------------------------|----------------------------------|----------------------|------------------------------|--------------------------------------|---|---------------------------------|--|-------------------------------------|--|--|
| 1   | Descri                     | (a)<br>ption of p<br>100 share   | roperty<br>sa XYZ Co | ) (                          | (b)<br>Date acquired<br>Mo, day, yr) | (C) Date sold or disposed of  | (d)<br>Proceeds<br>(sales pnce) | (e)<br>Cost or other basis<br>See the Note below             | If you enter an a<br>enter a cod    | any, to gain or loss.<br>mount in column (g),<br>le in column (f)<br>trate instructions. | Gain or (loss).<br>Subtract column (e)                       |
|     |                            |                                  |                      |                              |                                      | (Moʻ, day, yr)  | (see instructions)              | and see <i>Column (e)</i><br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions | (g)<br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g) |
| Qua | lify                       | ing l                            | Part.                | F-1                          | cap. gai<br>Various                  | ns (losses)<br>12/31/19   | 0.                              | 138,455.   |                                     |  | -138,455.  |
| Sch | . M                        | (BLR                             | K-1                  | dap.                         |                                      | losses)   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              | Various                              |   | 0.                              | 18,184.  |                                     |  | -18,184.   |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      | +                            |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      | +                            |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
| -   |                            |                                  |                      | +                            |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      | +                            |                                      |   |                                 |  |                                     |  | <u> </u>   |
|     |                            |                                  |                      | -                            |                                      |   |                                 | [  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  | -  |
|     |                            |                                  |                      | _                            |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
|     |                            |                                  |                      |                              |                                      |   |                                 |  |                                     |  |  |
| 2   | (subti<br>include<br>check | ract ned<br>de on y<br>ded), lir | gative an            | nounts<br>edule D<br>Box B a | ). Enter each<br>). line 1b (if E    | (e), (g), and (h) total here and lox A above is ked), or line 3 (if | 0.                              | 156,639.   |                                     | 0.   | -156,639.  |

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.

Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

SSN or taxpayer identification number

# The Rees-Jones Foundation

20-5132900

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

| Form 8949, page 2, for eacl<br>complete as many forms wi  |   |                     |                           | ions than will fit o   | in this page                        | tor one or more                                  | of the boxes,  |
|---|---|---------------------|---------------------------|--|-------------------------------------|--|--|
| (D) Long-term transact  | tions reported on For   | m(s) 1099-B showin  | g basis was reporte       | ed to the IRS (see N   | ote above)                          |  |  |
| (E) Long-term transa  | actions reported or   | n Form(s) 1099-B    | showing basis wa          | sn't reported to the   | ne IRS                              |  |  |
| X (F) Long-term transa  | actions not reporte   | d to you on Form    | 1099-B                    |  |                                     |  |  |
| 1 (a)   | (b)   | (C)<br>Date sold or | . <b>(d)</b>              | (e)<br>Cost or other basis                                   | If you enter an                     | l any, to gain or loss.<br>amount in column (q), | (h)  |
| Description of property<br>(Example, 100 shares XYZ Co.)  | Date acquired<br>(Mo, day, yr.)   | disposed of         | Proceeds<br>(sales price) | See the Note below   | enter a co<br>See the sep           | de in column (f)<br>arate instructions.          | Gain or (loss).<br>Subtract column (e)                       |
|   |   | (Mo, day, уг)       | (see instructions)        | and see <i>Column (e)</i><br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions | (g)<br>Amount of<br>adjustment                   | from column (d) and<br>combine the result<br>with column (g) |
| Qualifying Part. I  | -1 cap. gai   |                     |                           |  |                                     |  |  |
|   | Various   | 12/31/19            | 211,431.                  | 0.   |                                     |  | 211,431  |
| Sch. M (BLR) K-1 (  |   | losses)             |                           | _  |                                     |  |  |
|   | Various   | 12/31/19            | 23,042.                   | 0.   |                                     |  | 23,042   |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  | <del></del>  |
|   |   |                     |                           |  |                                     | ·  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
|   |   |                     |                           |  |                                     |  |  |
| <u>, , , , , , , , , , , , , , , , , , , </u>   |   |                     |                           |  |                                     |  |  |
| ···   |   |                     |                           |  |                                     |  |  |
| 2 Totals. Add the amounts<br>(subtract negative amou<br>include on your Schedul<br>checked), line 9 (if Box<br>Box F above is checked | ints). Enter each to<br>e D, li <b>ne 8b</b> (if <b>Bo</b><br>E above is checke | otal here and       | 234,473.                  | 0.   |                                     | 0.   | 234,473  |

|   |   | Fed   | eral Statement                                     | \$                                      |   | Page '                                    |
|---|---|---|--|---|---|---|
|   |   | The Re  | es-Jones Founda                                    | tion                                    |   | 20-513290                                 |
| statement 1 form 990-T, Part I, ncome (Loss) from                       | Partnerships                                    | •   |  | ^                                       |   | \$ 1,036,462                              |
|   | , <b>,,</b>                                     |   |  |   | Total   | \$ 1,036,462                              |
| Statement 2<br>Form 990-T, Part II,<br>Net Operating Loss               |   | d Carryforward                                      | l Schedule   |   |   |   |
| Year Generated  | Amount<br>Generated                             | Converted<br>Contributions                          | Amount Used in Prior Years                         | Amount Used in<br>Current Year          | Amount<br>Remaining                             | NOL Expires                               |
| 2018  | - Certerated                                    | 17,121  | - Frior rears                                      | 17,121                                  | -   | NOL Expires                               |
| 2019  | <u> </u>  | 1,712   |  | · <u>-</u>                              | 1,712   | Never                                     |
| :   | -   | 18,833  |  | 17,121                                  | 1,712   |   |
| Year Generated<br>2017<br>Totals  | Amount<br>Generated<br>35,050,500<br>35,050,500 | Amount Used<br>in Prior Years<br>160,534<br>160,534 | Amount Used in<br>Current Year<br>99,487<br>99,487 | Amount Converted to NOL 190,043 190,043 | Amount<br>Remaining<br>34,600,436<br>34,600,436 | Contribution<br>Carryover Expires<br>2022 |
| Statement 4 Form 990-T, Part I, Other Income Other income from S        |   | vity (BLR)  |  |   | Total   | \$ 3,73<br>\$ 3,73                        |
| Statement 7 Form 990-T, Sched Capital Loss Carry  Unrelated Trade or Bu | forward usiness Qualifyin                       | ng Partnership Ini                                  | al Gaın  | oss Carryforward<br>s Carryforward      |   | 72,970                                    |

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