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	000 T	E>	cempt Organization	Bus	siness Income	Tax Retu	rn	34004401 OMB No 1545-0047	
Form	₁ 990-T		(and proxy tax	k und	der section 6033(e)) /	112	@@ 40	
Dena	rtment of the Treasury	For cale	ndar year 2019 or other tax year begin Go to www irs.gov/Form990				20 1 9	2019	
	al Revenue Service	▶ Do	not enter SSN numbers on this form				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if address changed		Name of organization (Check b	ox if nar	me changed and see instruction	ns)		oyer identification number oyees' trust, see instructions)	
B Ex	empt under section		FOUNDATION FOR A JU	ST S	OCIETY		l		
X	501(C)(Q3_)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions		27-3345774		
	408(e) 220(e) 408A 530(a)	Type	25 EAST 22ND STREET			<u></u>		ated business activity code structions)	
	529(a)		City or town, state or province, countr	y, and Z	IP or foreign postal code		5050	0.0	
	ok value of all assets end of year	F C**	NEW YORK, NY 10010				5259		
6	69,006,896		up exemption number (See instruct ck organization type X 501			\ truet	401(a)	trust Other trust	
			nization's unrelated trades or busine					(or first) unrelated	
	ade or business her	•		3363			-	e than one, describe the	
			end of the previous sentence, coi	mplete		•		•	
	ade or business, the								
l D	uring the tax year,	was the	corporation a subsidiary in an affili	ated gr	roup or a parent-subsidiary of	controlled group?		▶ Yes X No	
lf	"Yes," enter the na	me and	identifying number of the parent co	rporatic					
			RINA SHMOUKLER		Telephon	e number ▶ 64	6-362-	-0039	
Pai	t Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net	
1 a	Gross receipts or s	ales							
ь	Less returns and allowar		c Balance ▶						
2			ule A, line 7)	2				 	
3			2 from line 1c	3	118,574	<u></u>		118,574	
4a			ttach Schedule D)	4a	110,574		<u>.</u>	110,374	
b	-		Part II, line 17) (attach Form 4797)	4b			<u> </u>	 	
с 5			rusts	4c 5	-242,801	ATCH 2	.	-242,801	
6			an S corporation (attach statement)	6	212,001	AICH Z			
7			come (Schedule E)	7		<u> </u>	200	-11/20	
8			nts from a controlled organization (Schedule F)				TEU	IVED ,	
9			(c)(7), (9), or (17) organization (Schedule G)			16	NOV 1	0 2020	
10			ncome (Schedule I)	10		8	N0∀ 1		
11			ule J)	11	-			2020	
12			tions, attach schedule)	12		(DGDE	N. UT	
13	Total. Combine lin		ough 12	13	-124,227.			-124,227	
Par			Taken Elsewhere (See instrie unrelated business incom		ns for limitations on d	eductions) ([Deduction	ons must be directly	
14	Compensation of	officers,	directors, and trustees (Schedule K)				. 14		
15	Salaries and wages	s					. 15		
16	Repairs and maint	enance ,		<i></i>			. 16		
17									
18			see instructions)					16,943	
19							. 19	538	
20			4562)						
21	•		on Schedule A and elsewhere on re	_			21b		
22									
23			ompensation plans						
24									
25 26			chedule I).						
26 27			chedule J)					3,875	
27 28			chedule)					21,356	
			e income before net operating					-145,583	
29 30			e income before het operating I loss arising in tax years beginnin						
30 31		-	income Subtract line 30 from line	-	-			-145,583	
			otice, see instructions.		<u></u>		<u>· </u>	Form 990-T (2019)	

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FORM	990-1 (2019) TOUNDATION TON A 0051 SOCIETI	27 33 13		age
Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	32		
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line			
J J	34 from the sum of lines 32 and 33	35		0
20		33		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,	000
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39	_	0
Par	t IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
42		42		
	Proxy tax See instructions	h		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par	t V Tax and Payments			
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	, ,		
b	Other credits (see instructions)	'		
С	General business credit Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48		
		49		0
49	Total tax. Add lines 47 and 48 (see instructions)			<u> </u>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
	Payments A 2018 overpayment credited to 2019			
	2019 estimated tax payments			
С	Tax deposited with Form 8868,			
d	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)	'		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
q	Other credits, adjustments, and payments Form 2439	}		
_	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52	25,0	000
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
	· / / / / / / / / / / / / / / / / / / /	54		
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		25,0	000
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	23,0	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 25, 000 Refunded ▶	56		
Par				r
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other autho	rity Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have to	file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cour	itry	l
	here >			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust?		X
	If "Yes," see instructions for other forms the organization may have to file	,		
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my knowl	edge and heli	ef. it is
0	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge			01, 11 10
Sign		the IRS dis		
Here		the prepare		
		instructions)? X		No
	Print/Type preparer's name Preparer's signature Date Check	If PT	IN	
Paid	SCOTT THOMPSETT Strong 11/4/2020 self-en		0074149	0
Prep	(Firm's name DOMNI INORNION DDF	EIN ▶ 36-	6055558	
Use	Only Firm's address > 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013 Phone		99-0100	

%

%

%

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3) (4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

Page 4

Schedule F - Interest, Ann	<u> </u>			Controlled Or			`	. =-		
Name of controlled organization	2 Employer identification num	ivei j		nrelated income ee instructions)	1	of specif ents mad	ied include	of column 4 that is d in the controlling ition's gross income		6. Deductions directly connected with income in column 5
(1)									-	
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8. Net unrelated (loss) (see instru			9 Total of specific payments made		incl	Part of colum uded in the c nization's gro	ontrolling		Deductions directly nnected with income in column 10
(1)							_			
(2)	•			-	•					
(3)		_								
(4)									ļ	
Totals		 ction 50)1(c)(i		▶ ′) Orga	Ent Pa	d columns 5 er here and or t I, line 8, coli on (see ins	n page 1, umn (A)	En	dd columns 6 and 11 Iter here and on page 1, art I, line 8, column (B)
1. Description of income	2 Amount o			3 Deduc directly cor (attach sch	tions inected		4 S	et-asides n schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			_	(41144111 241	.caa.c,					pido da. iy
(2)	· · · · · · · · · · · · · · · · · · ·					+				
(3)			_							
(4)										
Totals	Enter here and Part I, line 9, o			-		•				Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity In	come, C	Other	Than Adverti	sing Ir	ncome	(see instri	uctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produc unre	penses ectly eted with ction of elated s income	4 Net incomfrom unrelation business 2 minus collifa gain, cc cols 5 thro	ed trade (column umn 3) empute	from is no	oss income activity that turrelated ess income 6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)_										
(2)				<u> </u>				<u> </u>		
(3)								†		
(4)						•		 		
	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10,	, Part I,	1		<u>. </u>				Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising In	come (see instr	luctions)								
Part I Income From Per			Cons	olidated Ras	ie					<u>-</u>
income i fom Fer	louicais Kepor	leu on a	CUIIS	Ulluateu bas	13			T		<u> </u>
1. Name of periodical	2. Gross advertising income	3. D advertisi	rect ing costs	4. Adverti gain or (loss 2 minus co a gain, con cols 5 throi	s) (col I 3) If npute		irculation acome	6. Reade costs		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))								<u> </u>		Form 990-T (2019)

JSA

27-3345774

Part II	Income From Periodicals Reported on a Separate Basis	s (For e	ach periodical	listed in	Part II, fi	ill 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 ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						

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

	1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
2)			%	
3)			%	
4)			%	
otal Enter here and	on page 1. Part II. line 14		. •	

Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\underline{-01/01}$, 2019, and ending $\underline{-12/31}$, 20 $\underline{19}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization

FOUNDATION FOR A JUST SOCIETY

Employer identification number

27-3345774

Unrelated Business Activity Code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ INVESTMENTS IN LIMITED PARTNERSHIPS (NON-QPI'S)

Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales Less returns and allowances c Balance ▶ 2 Cost of goods sold (Schedule A, line 7)...... 2 Gross profit Subtract line 2 from line 1c 7,691 4a Capital gain net income (attach Schedule D) 7,691 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4c Income (loss) from a partnership or an S corporation (attach -114,403 -114,403statement) ATCH 5 . 6 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J)...... 12 Other income (See instructions, attach schedule) 12 -106,712-106,712Total. Combine lines 3 through 12......

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	ı	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	125
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	3,875
28	Total deductions Add lines 14 through 27	28	4,000
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-110,712
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-110,712

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN LIMITED PARTNERSHIPS (QPI'S)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PORTFOLIO LOSS FROM LIMITED PARTNERSHIPS

-242,801.

INCOME (LOSS) FROM PARTNERSHIPS

-242,801.

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE FROM LP INVESTMENTS

PART II - LINE 18 - INTEREST

16,943.

16,943.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

3,875.

PART II - LINE 28 - OTHER DEDUCTIONS

3,875.

NON-QUALIFIED LP

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

PORTFOLIO LOSS FROM LIMITED PARTNERSHIPS

-114,403.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-114,403.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

3,875.

PART II - LINE 28 - OTHER DEDUCTIONS

3,875.

Foundation For A Just Society

EIN#: 27-3345774 FYE: 12/31/2019

Net Operating Loss Carryover Schedule

Form 990-T

NET OPERATING LOSS - PRIOR TO 1/1/2018

TAX	NOL	NOL	NOL
YEAR ENDING	GENERATED	UTILIZED	CARRYOVER
12/31/2016	(47,032)	_ *	(47,032)
12/31/2017	(90,741)	-	(90,741)
Total	(137,773)	<u>-</u>	(137,773)
	NOL AVAILABLE FOR U	SE IN 12/31/2020	(137,773)

^{*}The net operating loss carryover from 12/31/2016 has been adjusted by \$30,269, due to the Taxpayer Certainty and Disaster Relief Act of 2019 retroactive repeal of Section 512(a)(7) on December 20, 2019.

NET OPERATING LOSS - POST 1/1/2018 - QPI LPS

TAX YEAR ENDING	NOL GENERATED	NOL UTILIZED	NOL CARRYOVER
12/31/2018	(149,746)	-	(149,746)
12/31/2019	(145,583)	-	(145,583)
Total	(295,329)		(295,329)
	NOL AVAILABLE FOR U	ISE IN 12/31/2020	(295,329)

NET OPERATING LOSS - POST 1/1/2018 - NON-QPI LP #1

TAX	NOL	NOL	NOL
YEAR ENDING	GENERATED	UTILIZED	CARRYOVER
12/31/2018	(51,944)	- ,	(51,944)
12/31/2019	(110,712)		(110,712)
Total	(162,656)		(162,656)
	NOL AVAILABLE FOR I	USE IN 12/31/2020	(162,656)

SCHEDULE D (Form 1120)

Department of the Treasury

Capital Gains and Losses

OMB No 1545-0123

► 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

Internal Revenue Service Employer identification number FOUNDATION FOR A JUST SOCIETY 27-3345774 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) (d) the lines below or loss from Form(s) Subtract column (e) from Cost Proceeds 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (a) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 66,385 66,385 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 66,385 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 7,757 7,757 52,123 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 59,880 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 66,385 16 59,880 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 126,265 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment

FOUNDATION FOR A JUST SOCIETY

Social security number or taxpayer identification number

27-3345774

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

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss) Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ST INVESTMENTS FROM QPI LP'S	VAR	VAR	66,237				66,237
ST INVESTMENTS FROM NON-QPI LP'S	VAR	VAR	148				148
			2,2,1,1,1,1,1				
			,			• • • • • • • • • • • • • • • • • • • •	
		<u> </u>					
•							
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incl is checked), line	ude on your e 2 (if Box B	66, 385				66,385

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

For Paperwork Reduction Act Notice, see your tax return instructions

Form 8949 (2019)

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

FOUNDATION FOR A JUST SOCIETY

Social security number or taxpayer identification number
27-3345774

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

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).

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 Form 8949, page 2, for each applicable box. If you have more long-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.

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

 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

	•	•					
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT INVESTMENTS FROM QPI LP'S	VAR	VAR	214				214
LT INVESTMENTS FROM NON-QPI LP'S	VAR	VAR	7,543				7,543
					-		
			-				
		-					
			<u> </u>				
2 Totals. Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above is checked) or line 10 (if Box	here and inclu s checked), line	ide on your 9 (if Box E	7,757				7,757

Note: If you checked Box D 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

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