EXTENDED TO NOVEMBER 16, 2020

| Par | III Total Unrelated Business Taxable Income | | |
|----------|--|------------|--------------------------|
| 32 | Total of varelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 174,092. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5 | 34 | 17,388. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 | 35 | 156,704. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | 4 - 4 4 |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | 156,704. |
| 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, | 1 1 | 155 504 |
| Par | enter the smaller of zero or line 37 IV Tax Computation | 39 | 155,704. |
| 40 | | T 40 T | 32,698. |
| 41 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from: | 40 | 32,030. |
| 71 | Tax rate schedule or Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 32,698. |
| | V Tax and Payments | | |
| 46 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a 1,974. | | |
| b | Other credits (see instructions) 46b |] - [| • |
| C | General business credit, Attach Form 3800 46c |] | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) |] | |
| е | Total credits. Add lines 46a through 46d | 46e | 1,974. |
| 47 | Subtract line 46e from line 45 | 47 | 30,724. |
| 48 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 30,724. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| | Payments: A 2018 overpayment credited to 2019 51a 41,327. | 1 . 1 | |
| | 2019 estimated tax payments 51b | 4 | |
| | Tax deposited with Form 8868 | . I | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 51d | 4 | |
| | Backup withholding (see instructions) 51e | 4 | |
| | Credit for small employer health insurance premiums (attach Form 8941) 511 | -{ | |
| 9 | Other credits, adjustments, and payments: Form 2439 | | |
| E0 | Total payments. Add lines 51a through 51g | | 41,327. |
| 52 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 53 | <u> </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 | 10,603. |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax 10,603. Refunded | 56 | 0. |
| Parl | | 1 1 | |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | <u></u> |
| | here > | | X |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | Х |
| | If "Yes," see instructions for other forms the organization may have to file. | | |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, a docomplete Operation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF OPERATING | ed bna egt | lief, it is true, |
| Here | Maril I I I I I I I I I I I I I I I I I I I | - | discuss this return with |
| | | | shown below (see |
| | ······································ | 7 | X Yes No |
| | Print/Type preparer's name Preparer's signature Date Check in | f PTIN | |
| Paid | MDAGU G DAGITA MDAGU G DAGITA (11/00/90) | חם | 0366884 |
| • | F . NOCC ADAMC IID | | -0189318 |
| USe | Only Firm's name MOSS ADAMS LLP Firm's EIN STE 200 | | 0107010 |
| | | 09-9 | 55-6100 |
| 923711 | | | Form 990-T (2019) |
| | | | |

| Schedule A - Cost of Good | s Sold. Ente | r method of inve | ntory v | aluation N/A | | | | | |
|--|---------------------------------------|---|----------|---|----------|--|--------------------------------|--|---------------|
| 1 Inventory at beginning of year | 1 | | _ | Inventory at end of yea | ır | | 6 | | |
| 2 Purchases | 2 | | _ 7 | Cost of goods sold. St | ubtract | line 6 | , | | |
| 3 Cost of labor | _ 3 | | _ | from line 5. Enter here | and in | Part I, | | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | | |
| (attach schedule) | 48 | | _ 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | 4 | property produced or a | acquired | d for resale) apply to | | | . |
| 5 Total. Add lines 1 through 4b | <u>l.5_l</u> | | | the organization? | | | <u></u> | | <u> </u> |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Per | sonal Property L | .ease | d With Real Prop | erty) | | |
| Description of property | | | | · <u>- · · · · · · · · · · · · · · · · · ·</u> | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | ······································ | | | |
| (4) | | | | | | | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | |
| | 2. Rent receiv | red or accrued | | | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | of rent for | personal | onal property (if the percentage property exceeds 50% or if ad on profit or income) | ge | 3(a) Deductions directly columns 2(a) an | connected v nd 2(b) (attacl | vith the income in n schedule) | 1 |
| (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 | | nter - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | | 0. |
| Schedule E - Unrelated Del | ot-Financed | Income (see | instru | ctions) | | | | | |
| | | | 2 | . Gross income from | | 3. Deductions directly conr to debt-financ | nected with o ed property | r allocable | |
| 1. Description of debt-fi | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) | Other deduction attach schedule) | 15 |
| (1) | · · · · · · · · · · · · · · · · · · · | ··· · | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or o | adjusted basis allocable to inced property h schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 8) | 8. / (colur | Allocable deduct nn 6 x total of co 3(a) and 3(b)) | ions Iumns |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | here and on pag , line 7, column (| |
| Totals | | | | ▶ | | 0. | . | | 0. |
| Total dividends-received deductions in | ncluded in column | 1.8 | | , , | | | . 1 | | 0. |

Form **990-T** (2019)

| | | | Exempt | Controlled O | rganızat | ions | | | struction | |
|--|--|-------------------------------------|---|--|---|---|-------------------------------|---|------------------|---|
| Name of controlled organize | ation 2 | Employer dentification number | 3. Net ur (loss) (se | nrelated income se instructions) | 4. To pay | otal of specified ments made | includ | rt of column 4 ded in the cont zation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | , | | | | | | | | | · · · · |
| (2) | | | <u> </u> | | | | | | | V |
| (3) | | | | | | | | | | · . |
| (4) | | | 1 | | | | | | ì | * . |
| Nonexempt Controlled Organ | nizations | | • | | | | | | | |
| 7. Taxable Income | 8. Net unrelated (see instru | | 9. Tota | l of specified payr made | nents | 10. Part of colur in the controlli gross | nn 9 tha ng orga income | nization's | 11. Der with | duotions directly connected income in column 10 |
| (1) | | | | _ . | | | | | | |
| (2) | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | - | | + | | | | | | - | |
| (3) | | | + | | | | | | | |
| | | | - | - | | Add colum Enter here and line 8, c | on page | o 1, Parti, A) | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| ^{Totals} Schedule G - Investme | ent Income of | a Section | 501(c)(| 7), (9), or (| 17) Ore | l ganization | | 0. | | 0. |
| | tructions) | | . 1-71 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| 1. Des | scription of income | | | 2. Amount of | income | Deduction directly connected (attach sched) | cted | 4. Set- | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | • | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | Ī | | | | | | |
| (4) | _ | ·- | | | | | | | | |
| Totals | | | • | Enter here and o Part I, line 9, col | | | | | | Enter here and on page 1 Part I, line 9, column (B) |
| Schedule I - Exploited (see instr | | ity Incom | e, Other | Than Adv | | ng Income | K New Joseph Str. | | eren and entires | *:L |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | directly with pr of ur | xpenses connected roduction related as income | 4. Net Incomfrom unrelated business (columnus column gain, compute through | trade or lumn 2 n 3) If a n cols 5 | 5. Grose inco from activity the la not unrelate business incor | nat ed | 6. Exp attribute colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | • | | | | | | | | | 1 |
| (2) | | 1 • | | | | | | | | - |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A) | page | are end on 1, Part I, 1, col (8) | | | | | | | Enter here and on page 1, Part II, line 25 |
| otals | |). | 0. | | | | | | | 0. |
| Schedule J - Advertisi Partil Income From | | ee Instruction ported o | | solidated (| Basis | | | | | <u> </u> |
| 1. Name of periodical | 2. Gro advertis Incom | ing and | 3. Direct vertising costs | 4. Adverti or (loss) (co col 3). If a ga cols. 5 th | ol 2 minus in, comput | 5. Circulati income | on | 6. Reade costs | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | i i | |
| (2) | | | | | | 2000年 | | | · [| |
| (3) | | | | | | | | | 3 | |
| (4) | _ | | | | | X . | | | 260 | |
| otals (carry to Part II, line (5)) | <u> </u> | 0. | 0 | • | | | | | | 0. |
| | | | | | | | | | | Form 990-T (2019 |

923731 01-27-20

Form 990-T (2019) THE FULLER FOUNDATION 95-41244 Partill 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 | 7. Excess readerehl costs (column 6 minu column 6, but not mot than column 4) | .e |
|-----------------------------|--|--|---|-----------------------|---------------|---|-------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | , | | |
| Totals from Part I | 0. | 0. | | | | 1 | <u>0.</u> , |
| | 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) | 0. | 0. | | | | | 0. |
| Schedule K - Compensation | n of Officers, I | Directors, and | Trustees (see in | nstructions) | | | |

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

Form 990-T (2019)

FOOTNOTES

STATEMENT 1

THE ORGANIZATION HEREBY ELECTS TO WAIVE THE CARRYBACK OF THE NET OPERATING LOSS INCURRED ON THE 2019 FORM 990-T, SCHEDULE M, ENTITY 2.

| FORM 990-T INCOM | E (LOSS) FROM PARTNERSHIPS | STATEMENT 2 |
|--|------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| HAWAIIAN MACADAMIA NUT ORCHAR (LOSS) OAKTRE CAPITAL GROUP LLC - OR | | 697. |
| TOTAL INCLUDED ON FORM 990-T, | PAGE 1, LINE 5 | 709. |
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 3 |
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 500. |
| TOTAL TO FORM 990-T, PAGE 1, 1 | LINE 27 | 500. |
| FORM 990-T | CONTRIBUTIONS | STATEMENT 4 |
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| VARIOUS CHARITABLE ORGANIZATIONS | N/A | 12,971,440. |
| TOTAL TO FORM 990-T, PAGE 2, I | LINE 34 | 12,971,440. |

| FORM 990-T CONTRIBUTIONS SUMMARY | | STATEMENT 5 |
|---|-------------------------------|-------------|
| QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT | | |
| CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 7,174,499 FOR TAX YEAR 2015 35,371,935 FOR TAX YEAR 2016 8,273,925 FOR TAX YEAR 2017 5,454,603 FOR TAX YEAR 2018 13,675,633 | • | |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 69,950,595 12,971,440 | |
| TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED | 82,922,035 17,388 | _ |
| EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS | 82,904,647 0 82,904,647 | _ |
| ALLOWABLE CONTRIBUTIONS DEDUCTION | | 17,388 |
| TOTAL CONTRIBUTION DEDUCTION | | 17,388 |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

| 2010 |
|------|
| -/ |

ENTITY

For calendar year 2019 or other tax year beginning

, and ending _____ **ZU 19**

Department of the Treasury Internal Revenue Service

▶ 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 \$250,1(0)(3) Organizations Only

OMB No 1545-0047

| Name | of the organization THE FULLER FOUNDATION | | | | | er identificat -41244 | |
|------|---|---------|------------------------|--|-----------------|--------------------------|----------------|
| | Unrelated Business Activity Code (see instructions) ► 52300 | 0 | | | | | |
| | Describe the unrelated trade or business UBI FROM | INV | NOT ME | ETIN | DE MI | NIMIS | CONTROL |
| Pa | 代屋 Unrelated Trade or Business Income | - | (A) Incon | ne | (B) Exp | enses | (C) Net |
| 1a | Gross receipts or sales | | | | | TO THE | |
| b | Less returns and allowances c Balance ▶ | 1c | | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | 種類を開かい | 大声传音 | 学校直接发展的 |
| 3 | Gross profit. Subtract line 2 from line 1c | _3_ | | | 動物は動物 | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | 189, | 456. | 有言語為 | | 189,456. |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | _4b | | | ながれる。 | に発掘 | |
| С | Capital loss deduction for trusts | 4c | | | がある。 | 等等等 | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | |
| | statement) STATEMENT 6 | 5 | -15, | 073. | | | -15,073. |
| 6 | Rent income (Schedule C) | 6 | | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 |] | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | |
| | organization (Schedule F) | .8 | [| | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | | | |
| | organization (Schedule G) | 9 | • | | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | | | |
| 11 | Advertising income (Schedule J) | 11 | 1 | | | | |
| 12 | Other income (See Instructions; attach schedule) | 12 | | | 23 4 345 | 在本本 | |
| 13 | Total. Combine lines 3 through 12 | 13 | 174, | 383. | | | 174,383. |
| Pai | Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in | ons 1 | for limitations e.) | on de | ductions.) | (Deductio | ons must be |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | - | 14 | |
| 15 | Salaries and wages | | | | | 15 | |
| 16 | Repairs and maintenance | | | | | 16 | |
| 17 | Bad debts | | | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | | | 18 | |
| 19 | Taxes and licenses | | | | | 19 | |
| 20 | Depreciation (attach Form 4562) | | _20 | <u>. </u> | | 建整 | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | | 21 | а | | 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) | | | ٠ | | 26 | |
| 27 | Other deductions (attach schedule) | | SEE | STAT | EMENT 7 | 7 27 | 500. |
| 28 | Total deductions. Add lines 14 through 27 | | | | | 28 | 500. |
| 29 | Unrelated business taxable income before net operating loss deduc | tion. | Subtract line 28 | from line | 13 | 29 | 173,883. |
| 30 | Deduction for net operating loss arising in tax years beginning on o | r after | January 1, 2018 | 3 (see | | | |
| | instructions) | | - | | | 30 | 0 - |

Unrelated business taxable income Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see Instructions.

173,883.

Schedule M (Form 990-T) 2019

| FORM 990-T (M) | INCOME (LOSS) | FROM PARTNERSHIPS | STATEMENT 6 |
|-----------------------|-------------------|-------------------|-------------------------|
| DESCRIPTION | | | NET INCOME OR (LOSS) |
| FULLER ENDOWMENT FUNI | D, LLC - ORDINARY | BUSINESS INCOME | -15,073. |
| TOTAL INCLUDED ON SCI | HEDULE M, PART I, | LINE 5 | -15,073. |
| FORM 990-T (M) | OTHER | DEDUCTIONS | STATEMENT 7 |
| DESCRIPTION | , | | AMOUNT |
| TAX PREPARATION FEES | | | 500. |
| TOTAL TO SCHEDULE M, | PART II, LINE 27 | • | 500. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Open to Public Inspection for

| | Do not enter SSN numbers on this form as it | may be | made public if your or | ganizati | on is a 501(c)(| 3}. | 501(o)(3) Organizations Only |
|-----------|---|------------------|------------------------|-------------|---------------------------|---------------|------------------------------|
| Name | of the organization THE FULLER FOUNDATION | | | | Employer ide | | |
| | Jurelated Business Activity Code (see instructions) ► 52300 | 0 | | | | | * |
| | Describe the unrelated trade or business UBI FROM | INV. | NOT MEETI | NG D | E MINI | MIS | CONTROL |
| Pâ | ता ∭ Unrelated Trade or Business Income | | (A) Income | | (B) Expense | . s | (C) Net |
| 1 a | Gross receipts or sales | | | | | 7 73 | |
| b | Less returns and allowances c Balance ▶ | 1c | | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | 78 | 特等需要 | 暴漢素 | INTERNATION |
| 3 | Gross profit. Subtract line 2 from line 1c | з | | 4000 | | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | 0 |) . (38-8 | PART TO | 静浅群 | |
| ь | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | 1 | | | |
| c | Capital loss deduction for trusts | 4c | | 199 | 法共產主义 | 建 製物 | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8 | 5 | -3,753 | | | | -3,753. |
| 6 | Rent income (Schedule C) | 6 | | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | | • | • | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | | | , |
| 40 | organization (Schedule G) | 9 | | | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | | | |
| 11. | Advertising income (Schedule J) | _11 | | "Vier to be | Take the thicken the last | të me star | |
| 12 | Other income (See instructions; attach schedule) | _12 | 2 752 | | | Be \$4.89 | 2 752 |
| <u>13</u> | Total, Combine lines 3 through 12 | 13 | -3,753 | | | | -3,753. |
| Pai | directly connected with the unrelated business inc | ons fo come.) | r limitations on (| deduct | tions.) (Ded | ductio | ons must be |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | | 14 | |
| 15 | Salaries and wages | | | | | 15 | |
| 16 | Repairs and maintenance | | | | | 16 | |
| 17 | Bad debts | | | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | | | 18 | · |
| 19 | Taxes and licenses | | 1 1 | | | 19 | |
| 20 | Depreciation (attach Form 4562) | | 20 | | | 22 | |
| 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) | | s== s== | | 0 | 26_ | F 0 0 |
| 27 | Other deductions (attach schedule) | | SEE STA | ATEMI | ENT 9 | 27 | 500. |
| 28 | Total deductions. Add lines 14 through 27 | | | | | 28 | 500. |
| 29 | Unrelated business taxable income before net operating loss deduc | | | ine 13 | | 29 | -4,253. |
| 30 | Deduction for net operating loss arising in tax years beginning on or | r after Ja | anuary 1, 2018 (see | | amı 11 | | _ |
| | instructions) | | | | STMT 10 | $\overline{}$ | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | | | 31 | |
| LHA | For Paperwork Reduction Act Notice, see Instructions. | | | | Se | chedul | e M (Form 990-T) 2019 |

| FORM 990-T (M) | INCO | ME (LOSS) FROM | M PARTNERSHIPS | STATEMENT 8 |
|------------------------------------|--------------------|-----------------------------------|-------------------|-----------------------------------|
| DESCRIPTION | _ | | | NET INCOME OR (LOSS) |
| FULLER PRIVATE (LOSS) | EQUITY FUND, | LP - ORDINARY | BUSINESS INCOME | -3,753 |
| FOTAL INCLUDED | ON SCHEDULE M | , PART I, LINI | E 5 | -3,753 |
| FORM 990-T (M) | | OTHER DEDI | UCTIONS | STATEMENT 9 |
| DESCRIPTION | | | | AMOUNT |
| TAX PREPARATION | FEES | | , | 500 |
| FOTAL TO SCHEDU | LE M, PART II | , LINE 27 | | 500 |
| | | | | |
| SCHEDULE M | NET | OPERATING LOS | SS DEDUCTION | STATEMENT 10 |
| | NET S SUSTAINED | OPERATING LOSS PREVIOUSLY APPLIED | LOSS REMAINING | STATEMENT 10 AVAILABLE THIS YEAR |
| SCHEDULE M FAX YEAR LOS 12/31/18 | | LOSS PREVIOUSLY | LOSS | AVAILABLE |

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

| THE FULLER FOUNDAT: | ION | | | 95- | 4124436 | |
|---|----------------------------------|---------------------------------|--|----------|--|--|
| Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? | | | | Yes X No | | |
| If "Yes," attach Form 8949 and see its instruc | | | ur gain or loss. | | | |
| Part Short-Term Capital Gai | ns and Losses (See | nstructions.) | · · · · · · · · · · · · · · · · · · · | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to gal or lose from Form(s) 894 | n 19, | (h) Gain or (loss). Subtract column (e) from column (d) and | |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column (g | 1) | combine the result with column (g) | |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | | |
| 1b Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box A checked | | | | | | |
| 2 Totals for all transactions reported on | | • | | | | |
| Form(s) 8949 with Box B checked | | | <u>'</u> | | | |
| 3 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box C checked | F 0050 II 00 07 | | | | <u></u> | |
| 4 Short-term capital gain from Installment sales | | | | 4 | - | |
| 5 Short-term capital gain or (loss) from like-kind | | | * | 5 | , | |
| 6 Unused capital loss carryover (attach computa 7 Net short-term capital gain or (loss). Combine | • | L | | 6 7 |) | |
| Part II Long-Term Capital Gair | | | | | | |
| See instructions for how to figure the amounts | | istructions. | | - | · · · | |
| to enter on the lines below. This form may be easier to complete if you | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (c | n .9, | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) | |
| round off cents to whole dollars. | (dated price) | (5, 5114, 52515) | Facti, line 2, column (g | " | Combine the result with continu (g) | |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | | |
| 8b Totals for all transactions reported on | 4 | | | | | |
| Form(s) 8949 with Box D checked | | | | | | |
| 9 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box E checked | <u>'</u> | | | | | |
| 10 Totals for all transactions reported on | , | | - | | | |
| Form(s) 8949 with Box F checked | | | | | | |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | _ | |
| 12 Long-term capital gain from installment sales | · | | | 12 | | |
| 13 Long-term capital gain or (loss) from like-kind | exchanges from Form 8824 | | | 13 | | |
| 14 Capital gain distributions | | | | 14 | | |
| 15 Net long-term capital gain or (loss). Combine | | <u>h</u> | | 15 | | |
| Summary of Parts I and | | 1 (b 45) | 1 | 4.5 | ··· | |
| 16 Enter excess of net short-term capital gain (lin | | | 7\ | 16 | | |
| 17 Net capital gain. Enter excess of net long-term | , , , , | • | 10 /) | 17_ | | |
| 18 Add lines 16 and 17. Enter here and on Form | | per line on other returns | | 18 | 0. | |
| Note: If losses exceed gains, see Capital Loss | ses in the instructions. | • | | | | |

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

Schedule D (Form 1120) 2019

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for Instructions and the latest information.

OMB No 1545-0123 *

Name

Employer identification number

| THE FULLER FOUNDATION 95 | | | | | 5-4124436 | | |
|---|-------------------------------|---------------------------|--|---|-------------|---|----------|
| Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? | | | | | | Yes X No | |
| If "Yes," attach Form 8949 and see its instru | ctions for additional require | ments for reporting you | ur gain or loss. | | | | |
| Part's Short-Term Capital Ga | ins and Losses (See | instructions.) | | | | | |
| See Instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to ga | ın | (h) Gair | n or (loss) Subtract) from column (d) and | |
| This form may be easier to complete if you round off cents to whole dollars. | Proceeds (sales price) | Cost (or other basis) | or loss from Form(s) 894 Part I, line 2, column (s | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | | | d (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | | | |
| 1b Totals for all transactions reported on | | | | | | | |
| Form(s) 8949 with Box A checked | | | • | | | | |
| 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 | | | | , | , | 47,882 | • |
| 4 Short-term capital gain from installment sales | | | | 4_ | | | |
| 5 Short-term capital gain or (loss) from like-kind | - | • | • | 5 | | | |
| 6 Unused capital loss carryover (attach compute | | | | 6 | (| | _) |
| 7 Net short-term capital gain or (loss). Combine | | | | 7 | <u> </u> | 47,882 | • |
| See Instructions for how to figure the amounts | ns and Losses (See in | nstructions.) | | | ı | | |
| to enter on the lines below. | (d) Proceeds | (e) Cost | (0) Adjustments to gai or loss from Form(s) 894 | n | (h) Gain | n or (loss). Subtract from column (d) and | |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | or loss from Form(s) 894 Part II, line 2, column (s | or loss from Form(s) 8949, Part II, line 2, column (g) | | | d (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | , | | |
| 8b Totals for all transactions reported on | | | | | | | Т |
| Form(s) 8949 with Box D checked | | · | | | | | _ |
| 9 Totals for all transactions reported on | | | | | | | |
| Form(s) 8949 with Box E checked | | | | | | | |
| 10 Totals for all transactions reported on | | | | | | | |
| Form(s) 8949 with Box F checked | | | | | | 139,429 | |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | | 2,145 | · |
| 12 Long-term capital gain from installment sales | | | | 12 | | | _ |
| 13 Long-term capital gain or (loss) from like-kind | l exchanges from Form 8824 | | | 13 | | | _ |
| 14 Capital gain distributions | | | | 14 | | | |
| 15 Net long-term capital gain or (loss). Combine | | h | | 15 | | 141,574 | · |
| Rart III Summary of Parts I and | | | | | · · · · · · | | _ |
| 16 Enter excess of net short-term capital gain (lin | | | | 16 | | 47,882 | |
| 17 Net capital gain. Enter excess of net long-term | | | ie 7) | 17 | | 141,574 | |
| 18 Add lines 16 and 17. Enter here and on Form | | per line on other returns | | 18 | | 189,456 | ÷ |
| Note: If losses exceed gains, see Capital Los | ses in the instructions. | - | | | | | |

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

Schedule D (Form 1120) 2019

Form

8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for Instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2019 Attachment 400

Name(s) shown on return

Social security number or taxpayer identification no.

THE FULLER FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I | 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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (a) (b) (c) (d) (e) (h) Description of property Proceeds Cost or other Gain or (loss). Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example, 100 sh. XYZ Co) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr) (g) Amount of **(f)** see Column (e) Ir combine the result Code(s) the instructions with column (g) adjustment FULLER ENDOWMENT FUND, LLC 47,882. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

47,882.

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on page 1

THE FULLER FOUNDATION

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

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 Adjustment, if any, to gain or (b) (c) (d) (h) (e) loss. If you enter an amount in column (g), enter a code in column (f). See Instructions. Description of property Proceeds Cost or other Date acquired Date sold or Gain or (loss). (sales price) basis. See the Subtract column (e) (Example 100 sh, XYZ Co) (Mo., day, yr.) disposed of Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment **(f)** see *Column (e)* ın combine the result Code(s) the instructions with column (g) FULLER ENDOWMENT FUND, LLC 139,429.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

139,429.

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

923012 12-11-19

Form 8949 (2019)

SCHEDULE D (Form 1120) Department of the Treasury

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Internal Revenue Service Name

Employer identification number

| THE FULLER FOUNDAT: | ION | | | 95- | 41244 | 136 · | • |
|---|----------------------------------|---------------------------------|--|----------|---|--|---------------------|
| Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? | | | | | ▶ | Yes X N | |
| If "Yes," attach Form 8949 and see its instru | | | | | → ′, — | , | • |
| Part Short-Term Capital Ga | ins and Losses (See | instructions.) | | | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss from Form(s) 8949, | | (h) Gain or (loss). Subtract column (e) from column (d) and | | ot and |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column (g | i) | combine the | e result with colum | in (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | | Notes that a light of the latter of the | | |
| 1b 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 | | 1. | | | | -1,18 | 1. |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 3 | 37 | | 4 | | | |
| 5 Short-term capital gain or (loss) from like-king | | | | 5 | Ì | | — |
| 6 Unused capital loss carryover (attach computa | • | , | | 6 | 1 | | $\overline{}$ |
| 7 Net short-term capital gain or (loss). Combine | • | n h | | •7 | -1,181 | | |
| ⊮Partill Long-Term Capital Gai | | | | | 1 | | <u> </u> |
| See instructions for how to figure the amounts | | | | | T | -,- | |
| to enter on the lines below. This form 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 Form(s) 8949, Part II, line 2, column (g) | | (h) Gair column (e) combine the | n or (loss). Subtrac) from column (d) a a result with colum | rt ind in (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | • | • | | | | | |
| 8b Totals for all transactions reported on | | | | | | | _ |
| Form(s) 8949 with Box D checked | | ļ | | | | | |
| 9 Totals for all transactions reported on | • | | | , | | | |
| Form(s) 8949 with Box E checked | | | | | | | |
| 10 Totals for all transactions reported on | | | | | | | _ |
| Form(s) 8949 with Box F checked | | | | | | -9,48 | <u>o.</u> |
| 11 Enter gain from Form 4797, line 7 or 9 | | | | 11 | | | |
| 12 Long-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 12 | | | |
| 13 Long-term capital gain or (loss) from like-kind | d exchanges from Form 8824 | • | | 13 | | | |
| 14 Capital gain distributions | | , | | 14 | | | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | | | | -9,480 | Ō. |
| Part III Summary of Parts I and | III | | | | | | |
| 16 Enter excess of net short-term capital gain (lin | e 7) over net long-term capita | al loss (line 15) | | 16 | | | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | | | | 17 | | | |
| 18 Add lines 16 and 17. Enter here and on Form | | , , | · | 18 | | | <u>0.</u> |
| Note: If losses exceed gains, see Capital Los | | | • | · | ···· | | _ |
| | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

| THE FULLER FOU | NDATION | | | | | 95-4 | 124436 |
|---|--|-------------------------------------|---------------------------------------|--|-----------------------------|---|--------------------------------------|
| Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which | low, see whether lation as Form 10: box to check | you received an 99-B Either will | y Form(s) 1099-B show whether you | or substitute staten ir basis (usually you | nent(s) from r cost) was | your broker A su reported to the IF | bstitute S by your |
| Part Short-Term. Transact | tions involving capit | al assets you held | 1 year or less are ge | enerally short-term (see | instructions |). For long-term | - |
| transactions, see page 2 Note: You may aggregate a | ll short-term transac | tions reported on | Form(s) 1099-B shov | ving basis was reporte | d to the IRS | and for which no ac | ljustments or |
| codes are required Enter the You must check Box A, B, or C below. | e totals directly on the check only one bo | Schedule D, line 1s | a, you aren't required | to report these trans | actions on Fo | rm 8949 (see Instru Form 8949, page 1, for | each applicable box |
| If you have more short-term transactions than w | ill fit on this page for on | e or more of the boxe | s, complete as many for | ms with the same box che | cked as you ne | ed | |
| (A) Short-term transactions re | | | | | Note abo | ve) | |
| (B) Short-term transactions re | | | | eported to the IRS | | | |
| | | | | (0) | Adjustment | , if any, to gain or | (I-) |
| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other | loss. If you | (h) Gain or (loss). | |
| (Example: 100 sh. XYZ Co.) | (Mo, day, yr) | disposed of | (sales price) | basis. See the | in column (column (f). | g), enter a code in See instructions. | Subtract column (e) |
| | 1 | (Mo., day, yr.) | | Note below and | (f) | (g) | from column (d) & combine the result |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| FULLER PRIVATE | | | | <u> </u> | | adjactinonic | |
| EQUITY FUND, LP | | | | | | | <1,181. |
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| O Table Addah | | 1.00 | | | | | |
| 2 Totals. Add the amounts in column | | | | | | | |
| negative amounts). Enter each to | | • | |] | | | |
| Schedule D, line 1b (if Box A above is checked), or line 3 (if B | | • | | | | | <1.181.> |
| | | - LUNEUI - ! | | | | | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Form 8949 (2019) Attachment Sequence No. 12A Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. THE FULLER FOUNDATION 95-4124436 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. ctions 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 Adjustment, If any, to gain or (a) (b) (c) (e) (h) loss. If you enter an amount Proceeds Description of property Cost or other Gain or (loss). Date acquired Date sold or ın column (g), enter a code ın (sales price) basis. See the Subtract column (e) (Example 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr.) **(f)** (g) Amount of combine the result see *Column (e)* ın Code(s) the instructions with column (g) adjustment FULLER PRIVATE EQUITY FUND, LP <9,480. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E <9,480.>

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.

923012 12-11-19

above is checked), or line 10 (if Box F above is checked)

Form 8949 (2019)