### Form **990**

Department of the Tressury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 601(c), 527, or 4947(s)(1) of the internal Revenue Code (except private foundations)

2013

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990 (2013)

A For the 2013 calendar year, or tax year beginning JUN 11, 2013 and ending DEC 31, 2013 Check if C Name of organization D Employer identification number JUST Capital Foundation, Inc. Doing Business As 36-4764467 X Initial Number and street (or P.O. box if mail is not delivered to street address) Room/sulta E Telephone number c/o Andrew S. Paul, 1275 King Street (203) 863-6704 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Greenwich, CT 06831 H(a) is this a group return F Name and address of principal officer. Andrew S. Paul for subordinates? ..... Yes X No. 1275 King Street, Greenwich, CT H(b) Are all subordinates included? Yes No. ■ Tax-exempt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or if "No," attach a list. (see instructions) J\_Website: ► N/A H(c) Group exemption number Form of organization: X Corporation Trust Association Other -L Year of formation: 2013 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: Statement attached Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 13 Activities & 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) ...... 16 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 ...... 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) 7. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) ٥. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 68,592. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundralsing expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 179,736. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 248,328. 19 Revenue less expenses. Subtract line 18 from line 12 -248,321 ਜ Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 52,179. 21 Total liabilities (Part X. line 26) 300.500. Net assets or fund balances. Subtract line 21 from line 20 -248,321 | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014 Sign Andrew S. Paul, Director Secretary & Treasurer Type or print name and title Here Print/Type preparer's name Preparer's skillate Paid John A. Pontolillo P01210685 Preparer Firm's name Sullivan & Cropwell LLP Firm's EIN 🛌 13-5420320 Usa Only Firm's address 125 Broad Street New York NY 10004-2498 Phone no. (212) 558-4000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Par	t III Statement of Program Service	e Accomplishments	30-4/6	446/ Page 2
		nse or note to any line in this Part III		
1	Briefly describe the organization's mission:			
	Statement attached			
2	Did the organization undertake any significal	nt program services during the year which	were not listed on	
	the prior Form 990 or 990-EZ?	***************************************	***************************************	Yes X No
	If "Yes," describe these new services on Sci			
3	Did the organization cease conducting, or m	ake significant changes in how it conducts	, any program services?	Yes X No
	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service	accomplishments for each of its three larg	est program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations			
4-	revenue, if any, for each program service rep (Code:) (Expenses \$6	oorted.		
4a	(Code:) (Expenses \$0	8,715. Including grants of \$	(Revenue \$	0.)
	Statement attached			
				<del></del>
				<del></del>
	<del></del>			<del></del>
		<u> </u>		
4b	Code: \Commune	tankada a mana a did	1.6	<del></del>
70	(Code:) (Expenses \$	including grants or \$	} (Revenue \$	)
		<del></del>		
		-	····	
				<del></del>
4c	(Code:) (Expenses \$	Including grants of \$	) (Revenue \$	7
				-
4d	Other program services (Describe in Schedu	ule O.)		
			(Revenue \$	)
<u>4e</u>	Total program service expenses	68,715.		
	_			Form <b>990</b> (2013)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	42	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3	1	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		-
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			A
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		Α.
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			<b></b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	١ ـ ا		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
_				₹.
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		X
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Vas " complete Schedule D. Port II/			l
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
10	endowments, or quariendowments? If "Yes," complete Schedule C. Red V.			<u></u>
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-0.0176	X
••	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		7 16	4.3
_	as applicable.	2.0		200
28	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Pert VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? if "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>''</del>		-
-	1c and 8a? If "Yes," complete Schedule G, Part II	40		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		
	complete Schedule G, Part III	40		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Α.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u></u> .
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	50	7	2019
	instructions for applicable filing thresholds, conditions, and exceptions):	- Page		18 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		ł
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u></u>

### Form 990 (2013) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. USA	163	140				
b		100		-310				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	14						
	(gambling) winnings to prize winners?	1c	-	III (1997)				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		J. Tess	Total Control				
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	7 - 500				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country:		-	100				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	24		1				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
C C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
04	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_6a		X				
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	_6b	-					
а	man and a second							
þ	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		. 125				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	Like		1				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.			_511				
a	Did the organization make any taxable distributions under section 49667	9a						
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			3				
ь	Initiation fees and capital contributions included on Part VIII, line 12			10.23				
11	Section 501(c)(12) organizations. Enter:			700				
а	Gross income from members or shareholders			1000				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1257		11				
	amounts due or received from them.)	4		- 3				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		12				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2	0.2	-1.5				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	8 4	/ - X					
a	Is the organization licensed to issue qualified health plans In more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.		100	5 13				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	3	1000	1				
	organization is licensed to issue qualified health plans13b	¥	1.00	35				
C	Enter the amount of reserves on hand	11-6-2						
14a		14a		X				
ŋ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	********	*****	
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year13	1550 H	- A	100
	If there are material differences in voting rights among members of the governing body, or if the governing		2	201
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			0.77
ь	Enter the number of voting members included in line 1a, above, who are independent	114	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			280
	officer, director, trustee, or key employee?	2	X	4.94
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	~	-42	_
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		48	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.0		<del>                                     </del>
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		27.5	A
а	The governing body?	1000	X	300
ь	Each committee with authority to act on behalf of the governing body?	8a		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_		<sub>1,7</sub>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u> </u>
	The second of th		V	
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No.
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	_	X
	and branches to ensure their operations are consistent with the organization's exempt purposes?	401-		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b		x
Ь	The control of the co	11a	15000	
12a	This designment of the first term of the first of the fir	1395	11146	1000
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	├──
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u>12b</u>	X	├─
•	in Schedule O how this was done		7.0	
13	Did the organization have a written whistleblower policy?	12c	X	├─-
14	Did the organization have a written document retention and destruction policy?	13	Х	77
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		X
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ii.		35
9	The organization's CEO, Executive Director, or top management official	Sage of	-11	
h	Other officers or key employees of the organization	15a		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	1.15	X
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ăn.		
,-4		Mea	- 27	
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	2.71	X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1.65	
	exempt status with respect to such arrangements?	\$	135	210
Sec	tion C. Disclosure	16b		!
17	List the states with which a copy of this Form 990 is required to be filed ▶DE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.	vallab	19	
19				
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	1 finar	icial	
20				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate and	ion: 🕨		
	Andrew S. Paul - (203) 863-6704			
	1275 King Street, Greenwich, CT 06831			

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (da not check more than one box, unless person le both an officer and a director/trustee)				l than (	one h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	lastitutional trustee	Officer	Key emplayee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Rinaldo Brutoco	0.00										
Director	-	X		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.	
(2) Ray Chambers	0.00				1						
Director		X	<u> </u>	_	_		_	0.	0.	0.	
(3) Deepak Chopra	0.00	·									
Chairman & Director	0.00	X	H	-	⊢			0.	0.	0.	
(4) Jim Clifton	0.00	-							_		
Director	0.00	X	-	_	⊢	H	_	0.	0.	0.	
(5) Alan H. Fleischmann	0.00	x	}							_	
Director (6) Arianna Huffington	0.00	A	├	-	-			0.	0.	0.	
Director	0.00	x						0.	_		
(7) Paul Tudor Jones II	0.00	12		┢	┢		-	0.	0.	0.	
Director	: 0	x						0.	0.		
(8) Blake Mycoskie	0.00	-					H	- 0.	<u></u>	0.	
Director		x						0.	0.	0.	
(9) Jean Oelwang	0.00		$\vdash$	Т					0.	<u> </u>	
Director		x						0.	0.	0.	
(10) Andrew S. Paul	0.00				П					-	
Director, Secretary & Treasurer		X		X				0.	0.	0.	
(11) Paul Scialla	0.00										
Director		X						0.	0.	0.	
(12) Michael Weinstein	0.00										
Director		X	<u>L</u> .		_			0.	0.	0.	
(13) Jochen Zeitz	0.00	1									
Director		X	_		<u> </u>			0.	0.	0.	
(14) Kimberly Gladman	0.00		1				ĺ				
Chief Administrative Officer		┞-	<u> </u>	X	<u> </u>			63,718.	0.	0.	
	<u> </u>	1									
	1	-	├-	$\vdash$	-	-					
		1									
	<del></del>	$\vdash$	$\vdash$	-	$\vdash$		_				
		-	1	l							

332007 10-29-13

00.0	Meis.	Check if Schedule O cont	ains a response or note to any l	ine in this Part VIII	/D)		
				Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
캶	1 ε	a Federated campaigns	1a	the boy and	A STATE OF THE STATE OF	A SELECTION OF THE	15 (2) (IP L. 5)
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1b				
Am.	•	Fundraising events			242 F.		
	•	d Related organizations					
S.E	•	Government grants (contribut					
i di di	f	All other contributions, gifts, gran	its, and	The Assets		70 144	
혈		similar amounts not included abo	ve 1f				
털	٤	Noncash contributions included in lines	1 1a-1f: \$				
<u>0</u> =	1	h Total. Add lines 1a-1f	<b></b>				11 4 4
			Business Cod			<b>公司部</b> 公司持有	Add Marking
9	2 8	a		The Company of the Company			and the second s
2 0	ŧ	b					
Su	•	E					
Program Service Revenue	•	d					
	•	9					
۳	1	All other program service reve					
		Total. Add lines 2a-2f					
	3	Investment income (including					
				7.			7.
	4	Income from investment of ta	•				
	5	Royaltles		Maria de la compansión de	STATE OF THE STATE		
		- Green rente	(i) Real (ii) Personal				
	0.1	a Gross rents					
		b Less: rental expenses		-13-3-3-3-3			
		c Rental income or (loss)		artes data della	at and a second second second		Mar Activ
		d Net rental income or (loss) .  a Gross amount from sales of			SHA Mathematica, control program	Mad I will your	Ser Personal Control of Control
	, ,	assets other than inventory	(i) Securities (ii) Other			4.8	
		b Less: cost or other basis		- 1 - 1 - 1 - 1			11
	•	and sales expenses		Transfer to	The state of the		
		c Gain or (loss)			A THE PARTY		
				alest Calculate (Const.)	with the tribute and the		wealth had a sin
•	8 4	a Gross income from fundraising		385.0575.6H.C	All Sharp As Street		1075002 NO.
nue		including \$	of				
Other Reven		contributions reported on line	1c). See				Mark St.
ж СС		Part IV, line 18					
ŧ.	1	b Less: direct expenses					
0		c Net income or (loss) from fun-		The second second		de la companya da Pada da	HARLES CONTRACTOR
		a Gross Income from garning a		add the second tree	AND SHEET		Part R I
		Part IV, line 19					
	1	b Less: direct expenses					
	'	c Net income or (loss) from gar	ning activities		7	and the second second second	219 40 50 60 960 960 120
	10 :	a Gross sales of inventory, less	returns		Facility (December)	141 443	F 12 89 7
		and allowances	a				
		b Less: cost of goods sold	b	Test Section			
		<ul> <li>Net income or (loss) from sale</li> </ul>	es of inventory				
		Miscellaneous Revenu	µе Business Cod	e Alisadarbania.	alabasa cen	Burney V	
	11 :	a			E 2		
		b					
	'	c					
	'	d All other revenue					
	'	e Total. Add lines 11a-11d			111 2/12/	5 J. 10 Jan	
3200	12	Total revenue. See Instructions.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.	0.	0.	7.
33200 10-20	-13						Form 990 (2013)

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in	this Part IX	The second of th	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				Garaletta och
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				The state of the
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			Service Apprix	
	organizations, and individuals outside the		,		
	United States. See Part IV, lines 15 and 16				STATE OF STATE
4	Benefits paid to or for members				MESSERVE BIR
5	Compensation of current officers, directors,	60 540			
	trustees, and key employees	63,718.	50,974.	12,744.	
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
8	Other salaries and wages  Pension plan accruals and contributions (Include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,874.	3,899.	075	
11	Fees for services (non-employees):	9,0/9.		975.	
a	Management				
ь	Legal				
c	Accounting				<del></del>
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		variation of the second	m-massage and the	
f	Investment management fees		one caracle a trace	Brothousek, Jack 191	
g	Other. (If line 11g amount exceeds 10% of line 25,				
٠	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Statement attached	179,736.	13,842.	165,894.	
b		17777301	13,044.	103,034.	
c					
d					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	248,328.	68,715.	179,613.	
26	Joint costs. Complete this line only if the organization	230,320.	00,713.	T/3,013.	0.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
<del>-</del> - :		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	52,179.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		4102	
	trustees, key employees, and highest compensated employees. Complete		2	
	Part II of Schedule L	201001000	5	
6	Loans and other receivables from other disqualified persons (as defined under		100	
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		2.5	
	employers and sponsoring organizations of section 501(c)(9) voluntary		25.	and the same of the same
	employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepald expenses and deferred charges	1 100	9	
10:	Land, buildings, and equipment: cost or other		1	
	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	52,179
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		_ 19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		100	There's a second
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	300,500
23	Secured mortgages and notes payable to unrelated third parties	<u></u>	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	300,500.
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and	先展 明显的	Wasan	
	complete lines 27 through 29, and lines 33 and 34.		1	
27	Unrestricted net assets	0.	27	-248,321
28	Temporarily restricted net assets	0.	28	0
29	Permanently restricted net assets	0.	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here			Brown Bar pros
27 28 29 30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	The second secon	30	was a protection of the latter at 1999
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
1 00	Total net assets or fund balances		33	-248,321
33	***************************************			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Dowl	Doggo	JUST Ca	<u>pital Founda</u>	tion,	Inc.				3	6-4764	467	
Part I			ity Status (All organiz					ructions.				
1	A church, cor A school des A hospital or A medical res	nvention of churches cribed in section 17 a cooperative hospi search organization o	because it is: (For lines 1 s, or association of churc '0(b)(1)(A)(ii). (Attach Sc tal service organization o operated in conjunction	ches desc hedule E.) described	ribed in se	ction 170	(A)(III).		ii). Enter	the hospital	's nan e'	18,
	city, and state											
5 L 6 Z 7 X	section 170 A federal, sta	(b)(1)(A)(iv). (Comple ite, or local governm	benefit of a college or un ste Part II.) ent or governmental uni eives a substantial part	t describe	d in sectio	n 170(b)(	1)(A)(v).					
		b)(1)(A)(vi). (Comple		oi ira subt	on nom a	governm	antas unit C	ir irom the	generai	public desc	ribed i	n
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀			eives: (1) more than 33			om contr	ibutions, m	nembershi	n fees. a	und ames re	ceints	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıin excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support	t from arass	invest	ment
	income and u	nrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses :	acquired b	y the orga	mization	after June 3	0, 197	'5.
	See section :	<b>509(a)(2).</b> (Complete	Part III.)					_				
10	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	ee sectio	on 509(a)(4	1).				
11 📖	An organizati	on organized and or	perated exclusively for the	e benefit	of, to perfo	rm the fu	nctions of,	or to carr	y out the	purposes o	one o	or
	more publicly	supported organiza	ations described in section	on 509(a)(	1) or sectio	n 509(a)(a	2). See <b>se</b> c	tion 509(	a)(3). Ch	eck the box	that	
	a Type !		organization and compleype II c T		nctionally i				- 00 - 61 -	* 41 1		
e 🗀		•	at the organization is not					Typ		n-functional	y integ	grated
	foundation m	anagers and other t	han one or more publicly	supporte	d omaniza	tions des	ctibed in e	ection 50	qualmed P(a)(1), as	persons otr	18F tna 1/21/21	п
f	If the organiz	ation received a writ	ten determination from	the IAS th	at it is a Tv	ne I. Type	II. or Type	action 30:	o(a)(1) Or	section 505	(a)(2).	
		rganization, check th			_							
9	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foli	owina per	sons?	*************	• • • • • • • • •	_
_			lirectly controls, either al							).	Yes	No
	the gove	eming body of the s	upported organization?	***********	•••••	•••••	***********			11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	**********		*******				110(ii)		
	(iii) A 35% (	controlled entity of a	ı person described in (i) (	or (ii) abov	e?	************		************	**********	11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
	e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	in col. (1) !i	organization sted in your document?	organiza	u notify the tion in col. r support?	organizáti (I) organiz	vi) Is the ization in col. (vii) Am panized in the U.S.?		Amount of monetar support	
			(000 11100 0000110))	Yes	No	Yes	No	Yes	No	]		
								}				
				<del>                                     </del>				<u> </u>				
	<u> </u>			<u> </u>								
				-								
	<u>.</u>											
<u>Total</u>		2000年18		Trig		1 8.	X,, 1		- ×			
		1			1		1.111		1	1		

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 JUST Capital Foundation, Inc. 36-4764467 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

26	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			12,222	10,720.2	(8/2013	(I) IUIZI
	membership fees received. (Do not	•			•	1	
	include any "unusual grants.")					1	
2	Tax revenues levied for the organ-					<del> </del>	<del></del>
	ization's benefit and either paid to						
	or expended on its behalf			1	1		
3	The value of services or facilities						<del></del> _
	furnished by a governmental unit to						
	the organization without charge					!	
4	Total. Add lines 1 through 3						<del></del>
5	The portion of total contributions	OUT IN THE PART	Mariller Little		de réselle de	ARTER WHATE	
	by each person (other than a			2070 1731			
	governmental unit or publicly		Addison the state of				
	supported organization) included		14		42.00		
	on line 1 that exceeds 2% of the	1000	3. 1. 1. 1.		4 3 3 S. A. A. W.		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.	Comparison of the	86 0 1 1 T	ALE CONSTRUCT	Etables or destroy		
	ction B. Total Support			100 1000 1000	Scale S. A. Phornic J. S. St.	THE RESIDENCE OF	0.
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(D. Total
	Amounts from line 4			10/2011	(0/2012	(6) 2013	(f) Total
	Gross income from interest,						<del></del> -
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					7.	7.
9	Net income from unrelated business						
	activities, whether or not the					i	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11		STANK B	361.015	II 390 M350II	= == #WIN	-Ce 1:1 5 -	7.
12		etc. (see instructi	ons)			12	/ •
13	First five years. If the Form 990 is for			d, fourth, or fifth to	ay yaar ag a goetic	D E01(a)(3)	
	organization, check this box and stor	p here			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage		••••••••••••••••••	***************************************	
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, o	olumn (fl)		14	<u>%</u>
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14		*********************	15	
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 ls 33 1/3% or r	nore check this hav	70 20d
	stop here. The organization qualifies	as a publicly supp	orted organization	1			<b>▶</b> □
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on I	ine 13 or 16a. and	l line 15 is 33 1/3%	or more check this	hov
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation		mere, eneck tills	<b>▶</b> □
178	10% -facts-and-circumstances tes	rt - 2013. If the org	anization did not	heck a box on line	13. 16a. or 16b	and line 14 is 10% o	r more
	and if the organization meets the "fac	cts-and-circumstan	ices" test, check ti	nis box and stop h	iere. Explain in Pa	rt IV how the organi-	ation
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publiciv supported	d omanization	HOW THE ORGANIZ	.auoii
t	10% -facts-and-circumstances tes	t - 2012. If the ord	anization did not	check a box on line	13.16a 16h or	17a and line 15 le 14	
	more, and if the organization meets t	he "facts-and-circu	imstances" test. cl	neck this box and	stop here Evoluir	in Part IV how the	7/0 UI
	organization meets the "facts-and-cir	cumstances" test.	The organization of	ualifies as a publi	cly supported organ	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a. 16b. 17a. or 17h	o, check this have	ind see instructions	
						dule A (Form 900 e	

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### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sectio	n A. Public Support						
Calendai	year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ts, grants, contributions, and						1-1
	mbership fees received. (Do not						
Inc	lude any "unusual grants.")						
me for any	oss receipts from admissions, rchandise sold or services per- med, or facilities furnished in y activity that is related to the panization's tax-exempt purpose						
3 Gro	oss receipts from activities that						
are	not an unrelated trade or bus-						
ine	ss under section 513						
4 Tax	revenues levied for the organ-						
	tion's benefit and either paid to expended on its behalf	_					
5 The	e value of services or facilities						
	nished by a governmental unit to						
the	organization without charge						
	tal. Add lines 1 through 5						
	nounts included on lines 1, 2, and						
3 r	eceived from disqualified persons					ĺ	
fron	ounts included on lines 2 and 3 received in other than disqualified persons that seed the greater of \$5,000 or 1% of the bunt on line 13 for the year						
	d lines 7a and 7b						
	blic support (Subtract line 7c from line 6.)	50 Jul 1960 1	P SAME IS	- *I-"- XXX	Salker Sulkery	Parties of Sylan	
	on B. Total Support					2.00.1.	
Calenda	r year (or fiscal year beginning in)	(a) 2009	(ъ) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	nounts from line 6		12,	10,000	(6) 20.2	(0) 2010	(t) Total
10a Gradiv	oss Income from interest, ridends, payments received on curities loans, rents, royalties d income from similar sources						
	related business taxable Income						
	ss section 511 taxes) from businesses quired after June 30, 1975						
c Ad	ld lines 10a and 10b						
ac wh	ot income from unrelated business tivities not included in line 10b, nether or not the business is gularly carried on						
12 Ot or	her income. Do not Include gain loss from the sale of capital sets (Explain In Part IV.)						
	tal support. (Add lines 9, 10c, 11, and 12.)						
	st five years. If the Form 990 is for	the organization's	first, second, this	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation.
	eck this box and stop here						
Section	on C. Computation of Publ	ic Support Pe	rcentage				
15 Pt	iblic support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13.	column (f))		15	%
16 Pu	ublic support percentage from 2012	Schedule A. Part	III, line 15	V## 4000000000		16	<del>76</del>
Section	on D. Computation of Inve	stment Incom	e Percentage				
	vestment income percentage for 20	·				17	%
18 In	vestment income percentage from :	2012 Schedule A.	Part III. line 17	,	*******************	18	<del></del>
19a 33	1/3% support tests - 2013. If the	organization did r	ot check the box	on line 14, and line	15 is more than ?		7 is not
m	ore than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	Supported organization	ation	· is not
b 33	3 1/3% support tests - 2012. If the	organization did r	ot check a box or	line 14 or line 19s	a. and line 16 is my	no than 33 1/304	L
lin	e 18 is not more than 33 1/3%, che	ck this box and a	top here. The orga	anization qualifice	as a publicly even	no ulait da 1/376, i Ottod ornanisation	anu
20 Pr	ivate foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is havious supp	etrictione	
332023 (				or root cribon ti			0 or 990-EZ) 2013
					эсг	iouule A (FORM 99	v or 88u-EZ3 2013

Sched	ule A (For	<u>iii 830 (</u>	or 990-EZ	) 2013 t	JUST	Capi	<u>tal F</u>	ounc	<u>lation</u>	<u>, In</u>	c.		36-47	764467 Page
Part		ppler	nental I	Inform	ation. P	rovide th	e explan	ations r	equired by I	Part II, Ii	ine 10; Part	II, line 17a	or 17b; and f	Part III, line 12.
	Als	o comp	lete this p	part for a	ny additio	nal infor	mation. (	See ins	nuctions).					
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#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

### Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number JUST Capital Foundation, Inc. <u>36-47</u>64467 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, Ilne 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Purpose (a) Name of (b) Relationship (d) Loan to or (h) Approved (e) Original (f) Balance due (g) In (i) Written interested person from the by board or with organization of loan principal amount default? agreement? organization? committee? To From Yes No Yes No Paul Tudor JoneSee Pt VSee Pt 300,500 300,500 X X **Total** 300,500 Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of interested person and assistance assistance assistance the organization

See Part V for Continuations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Fo Part IV   E	om 990 or 990 EZ) 2013 JUST C Business Transactions Involv	Capital Foundation, ing Interested Persons.	Inc.	<u>36-4764</u>	1467	Page 2
	omplete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	28b. or 28c.			
(a) h	lame of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
	<del></del>				<u>                                     </u>	-
Part V S	supplemental Information					
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	rovide additional information for response	onses to questions on Schedule L (see	instructions).			
Schedul:	e L. Part II. Loans	To and From Intere	stod Domes			
	- 1, 1 and 11, 10dil	10 and Flom Intere	sted Person	18:		
a) Nam	e of Person: Paul T	udor Jones II				
c) Pur	pose of Loan: State	ment attached				
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

JUST Capital Foundation, Inc.	<u>  36-4764467</u>
Form 990, Part VI, Section A, line 2:	
Statement attached	
Form 990, Part VI, Section A, line 6:	
Statement attached	
Form 990, Part VI, Section A, line 7a:	
Statement attached	
Form 990, Part VI, Section A, line 8b:	
Not applicable	
Form 990, Part VI, Section B, line 11:	
Statement attached	
Form 990, Part VI, Section B, Line 12c:	
Statement attached	
Form 990, Part VI, Section C, Line 19:	
Statement attached	

#### EIN: 36-4764467

Form 990, Page 1, Part I, Line 1 and Form 990, Page 2, Part III, Line 1 Organization's Mission

JUST Capital Foundation, Inc. (the "Foundation") is organized and operates exclusively for charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

In furtherance of its exempt purposes, the Foundation receives money or property by gift, devise or bequest, invests and reinvests the same, and applies the income and principal thereof, as the Board of Directors from time to time determines, either directly or through contributions to any charitable organization or organizations, exclusively for charitable, educational and scientific purposes.

The Foundation will accomplish its exempt purposes through efforts to promote greater corporate responsibility, including by providing research and ratings about the social and environmental performance of the largest publicly-traded companies in the United States.

EIN: 36-4764467

Form 990, Page 2, Part III, Line 4a Statement of Program Service Accomplishments

JUST Capital Foundation, Inc. (the "Foundation") will raise awareness about the societal impact of public corporations' activities by conducting and commissioning research, and by issuing publications and ratings on this topic.

It is expected that the Foundation will lead the development of a framework to rate companies on their degree of corporate responsibility. The JUST Capital ratings system will distinguish itself from the many existing ratings of this kind by defining "corporate responsibility" according to the standards of the people of the United States, as discerned through research regarding broad trends and opinions among the general public regarding the importance of certain issues in the context of corporate behavior. The Foundation has engaged a Chief Research Officer who has begun the research regarding corporate responsibility and development of a ratings framework.

### EIN: 36-4764467

Form 990, Page 7, Part VII List of Officers, Directors, Trustees, and Key Employees

(A) Name and Address	(B) Time Devoted	(C) <u>Title</u>	(D)(E)(F) Compensation
Rinaldo Brutoco World Business Academy 308 E. Carrillo Street Santa Barbara, CA 93101	Part	Director	None
Ray Chambers The MCJ Amelior Foundation 310 South Street, 4th Floor Morristown, NJ 07960	Part	Director	None
Deepak Chopra The Chopra Foundation 2013 Costa Del Mar Road Carlsbad, CA 92009	Part	Chairman and Director	None
Jim Clifton Gallup 901 F Street NW Washington, DC 20004	Part	Director	None
Alan H. Fleischmann Suite 300 West 555 13th Street NW Washington, DC 20004	Part	Director	None

### EIN: 36-4764467

Form 990, Page 7, Part VII List of Officers, Directors, Trustees, and Key Employees (Cont'd)

(A) Name and Address	(B) Time Devoted	(C) <u>Title</u>	(D)(E)(F) Compensation
Arianna Huffington Huffington Post Media Group 770 Broadway, 5th Floor New York, NY 10003	Part	Director	None
Paul Tudor Jones II Tudor Investment Corp. 1275 King Street Greenwich, CT 06831	Part	Director	None
Blake Mycoskie Tom's Shoes 5404 Jandy Place Los Angeles, CA 90066	Part	Director	None
Jean Oelwang Virgin Unite Limited The Battleship Building 179 Harrow Road London, England W26NB	Part	Director	None
Andrew S. Paul Tudor Investment Corp. 1275 King Street Greenwich, CT 06831	Part	Director, Secretary, and Treasurer	None

#### EIN: 36-4764467

Form 990, Page 7, Part VII
List of Officers, Directors,
Trustees, and Key Employees (Cont'd)

(A) Name and Address	(B) Time Devoted	(C) <u>Title</u>	(D)(E)(F) Compensation
Paul Scialla DeLos Living 345 W. 13th Street, Suite #2E New York, NY 10014	Part	Director	None
Michael Weinstein Robin Hood Foundation 826 Broadway, 7th Floor New York, NY 10003	Part	Director	None
Jochen Zeitz Ruelle du four 6 1147 Montricher Switzerland	Part	Director	None
Kimberly Gladman 1601 Centre Street Newton Highlands, MA 02461	Full	Chief Administrative Officer/Chief Research Officer	\$63,718.

All officers and directors devote such time as is needed to perform the duties of their position with the organization.

### EIN: 36-4764467

Form 990, Page 10, Part IX Statement of Functional Expenses

Line 24, Other Expenses	Total Expenses	Program Service Expenses	Management and General Expenses
Cornerstone Capital Inc One year subscription to Journal of Sustainable Finance and Banking	\$3,600.	\$3,600.	
CT Corporation		•	
- Corporate name reservation - Incorporation and domestic	139.		\$139.
representation fees - Application for authority to	755.		755.
conduct business in New York	488.		488.
CT Partners UK Limited			
<ul><li>Search for Chief Administrative/</li><li>Research Officer</li><li>Search for Chief Executive</li></ul>	81,500.		81,500.
Officer	81,500.		81,500.
Interfaith Center on			
Corporate Responsibility - Affiliate member dues	1,500.	1,500.	
Kimberly Gladman Jackson			
- Airfare, trains, and taxis	2,121.	2,121.	
- Books and subscriptions	321.	321.	
- Conference registration	495.	495.	
- Dental insurance - Health insurance	150.	120.	30.
- Hotels and food	3,758.	3,006.	752.
Horers and Tood	1,370.	1,370.	

### EIN: 36-4764467

Form 990, Page 10, Part IX
Statement of Functional Expenses (Cont'd)

Line 24, Other Expenses (Cont'd)	Total Expenses	Program Service Expenses	Management and General Expenses
Paychex, Inc Disability insurance - Payroll services - Unemployment insurance - Workers compensation insurance	\$21 585. 385. 318.	\$17. 308. 254.	\$4. 585. 77. 64.
US SIF - The Forum for Sustainable and Responsible Investment - Membership dues	<u>730.</u>	730.	•
	<u>\$179,736.</u>	<u>\$13,842.</u>	\$165,894.

EIN: 36-4764467

Schedule L Transactions With Interested Persons Statement to Page 2, Part V Supplemental Information

Paul Tudor Jones II, a Director, made the following loans to JUST Capital Foundation, Inc. (the "Foundation"):

July 17, 2013	\$85,000.
October 24, 2013	100,000.
November 12, 2013	37,000.
November 19, 2013	59,500.
December 2, 2013	19,000.
	<del></del>

Total loans \$300,500.

Each of the loans is evidenced by a Promissory Note executed on behalf of the Foundation by Andrew S. Paul, Director, Secretary, and Treasurer.

The loans were made to provide the Foundation with working capital until individual contributions and grants from the private and non-profit sector are received.

EIN: 36-4764467

Schedule O
Supplemental Information
Statement to Form 990,
Part VI, Section A, Line 2

Officers, Directors, Trustees, and Key Employees Having a Business Relationship

The officers and directors of JUST Capital Foundation, Inc. related to each other through business relationships are as follows:

Paul Tudor Jones II and Andrew S. Paul work together at Tudor Investment Corp.

EIN: 36-4764467

Schedule O
Supplemental Information
Statement to Form 990,
Part VI, Section A, Line 6

Pursuant to ARTICLE I, Section 1.1 of JUST Capital Foundation, Inc.'s (the "Foundation") By-Laws and applicable Delaware law, the Foundation's members consist of the directors of the Foundation in good standing from time to time.

EIN: 36-4764467

Schedule O
Supplemental Information
Statement to Form 990,
Part VI, Section A, Line 7a

The members of JUST Capital Foundation, Inc. (the "Foundation") elect the Foundation's directors (see ARTICLE I, Section 1.3 of the Foundation's By-Laws).

EIN: 36-4764467

Schedule O
Supplemental Information
Statement to Form 990,
Part VI, Section B, Line 11

The financial statements of JUST Capital Foundation, Inc. (the "Foundation") will be reviewed or audited by an independent accountant, as required by the applicable state law, and its Form 990 is reviewed by the Foundation's legal counsel at Sullivan & Cromwell LLP. The Form 990 will be reviewed by the Foundation's Officers, President and Treasurer/Secretary, who are given ample time and opportunity to discuss their comments and questions with the return preparer, the Foundation's legal counsel and, if needed, other members of the Foundation's Board of Directors. Finally, the Foundation will provide a copy of the filed Form 990 to the Board of Directors (each member receiving his or her individual copy), giving the Board an opportunity to provide input and address its questions or comments with the Foundation's legal counsel and Officers before or at the next Board meeting.

EIN: 36-4764467

Schedule O
Supplemental Information
Statement to Form 990,
Part VI, Section B, Line 12c

Each director, officer, key employee, other staff member, and committee member with governing-board-delegated powers shall, before initial election or appointment and annually thereafter, sign a statement and give such statement to the Secretary of JUST Capital Foundation, Inc. (the "Foundation"), which affirms that such person:

- (a) has received a copy of the Conflict of Interest Policy,
- (b) has read and understands the Conflict of Interest Policy,
- (c) has agreed to comply with the Conflict of Interest Policy,
- (d) understands that the Foundation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes (and will endeavor to further such purposes), and
- (e) understands that he or she must disclose any conflict of interest; specifically, the director, officer, key employee, other staff member, or committee member must identify, to the best of his or her knowledge any entity of which he or she is an officer, director, trustee, member, owner, or employee and with which the Foundation has a relationship, and any transaction in which the Foundation is a participant.

1 1 1

EIN: 36-4764467

Schedule O
Supplemental Information
Statement to Form 990,
Part VI, Section C, Line 19

To the extent the governing documents (articles of incorporation and bylaws) and conflict of interest policy of JUST Capital Foundation,

Inc. are subject to the Federal public disclosure rules (or state public disclosure rules), these documents are made publicly available as applicable law may require.

#### Form **8868** (Rev. January 2014)

Department of the Treasury

### Application for Extension of Time To File an **Exempt Organization Return**

4 15 4

File a separate application for each return.

Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

A 16	and Elling Annual Control of the Con							
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box	*********		X		
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Do not c	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	orm 8868.			
FIECTION	Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file /5 months for a great line.							
redniten	to the Pottiti 990-1), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	la Form 9	060 to mouse			
OI MILIE N	o life any of the forms listed in Part I of Part II with the exi	ception of	Form 8870, Information Return for 1	ranefare	Associated With Co	-1-1-		
Lei anii d	i benefit contracts, which must be sent to the IRS in pap	er format	(see Instructions). For more details of	n the ele	ctronic filing of this	orm.		
Part I	<u>wirs.gov/erile and click on e-file for Charities &amp; Nonprofits</u>	i <u>.                                    </u>						
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	ouou).				
Part I on	ly		MILE AND CHOCK THE DOX AND (	complete				
All other	COLDOTALIONS (INCLUDING 1120-C TILETS), DEITHERSHINS, REM	ICs. and t	firsts must use Form 7004 to make					
to file inc	come tax returns.		sold made add a com a coa to leddes					
Type or	Name of exempt organization or other filer, see Instru	ctions	7		nter filer's identifying number			
print				cmbioye	r identification num	per (EIN) or		
•	JUST Capital Foundation, In	n.c.			26 48644	-		
File by the due date for	At the state of th	oo inntnio	Hone		36-476446			
filing your	c/o Andrew S. Paul, 1275 Ki	ing Ci	troot	Social se	curity number (SSN	)		
return. See instructions		rolon odd	rieer					
	Greenwich, CT 06831	naight aud	ress, see instructions.					
Enter the	Return code for the return that this application is for (file							
	modern bodo for the return that this application is for (life	a separa	te application for each return)	***********	•••••	01		
Applicat	ion							
ls For		Return	Application		Return			
	O or Form 990-EZ	Code	ls For			Code		
Form 990		01	Form 990-T (corporation)			07		
	20 (Individual)	02	Form 1041-A			08		
Form 990		03	Form 4720 (other than individual)			09		
		04	Form 5227			10		
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
<u> </u>	O-T (trust other than above)	06	Form 8870			12		
	Andrew S. Paul							
Total	ooks are in the care of   1275 King Street	<u>et - (</u>	Freenwich, CT 06831	<u> </u>				
1 6 16 11	none No. ► <u>(203)</u> 863-6704		Fax No. 🕨					
r the	organization does not have an office or place of business	in the Un	ited States, check this box					
- 11 11 11 11 11 11	is for a Group Heturn, enter the organization's four digit (	Group Exe	mption Number (GEN) 16	this is to	a diam and and a summire	heck this		
DOX P	. If it is for part of the group, check this box	and atta	Ch a list with the names and FINe of	all momb	ers the extension is	for.		
1 I re	quest an automatic 3-month (6 months for a corporation	required t	o file Form 990-T) extension of time (	until				
_	August 15, 2014, to file the exempt	t organizat	ion return for the organization name	d above.	The extension			
is f	or the organization's return for:							
	calendar year or							
	X tax year beginning JUN 11, 2013	, and	d ending <u>DEC 31,</u> 2013					
			•		<b>-</b>			
2 Ift	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: 🗶 Initial return 🔲 F	inal retur	n			
	Change in accounting period		<del></del>		•			
3a If ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
nor	prefundable credits. See Instructions.	_	·	За	\$	0.		
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
est	<u>imated tax payments made. Include any prior year overp</u>	ayment al	lowed as a credit.	3b	\$	n		
c Bal	lance due. Subtract line 3b from line 3a. Include your pa	yment witl	this form, if required.	- 05		<u> </u>		
by	using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	_ 3c	•	Λ		
Caution.	If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 84	53.EO	d Form 9870 FC 1	0.		
	1101		<u> </u>	oo-eo an		payment		
_HA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8868 (Re	v. 1-2014)		