PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 44-49-94

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2024 calendar year, or tax year beginning and	ending		
В с	heck if pplicable	C Name of organization		D Employer identific	ation number
	Addres ohange		.,		
	Name change	Doing business as		36-476446	57
	_Initlal _return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 44 EAST 30TH STREET, 11TH FLOOR	Room/suite	E Telephone number (646)854-	
1	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,808,522.
	Amend return			H(a) Is this a group re	
F	Applica			for subordinates'	
L	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙŢ	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: DE
	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $ {f THE} $ $$	MISSIO	N OF JUST CA	PITAL, AN
Governance		INDEPENDENT NONPROFIT, IS TO DEMONSTRATE	HOW JU	JST BUSINESS	DEFINED
'n.		Check this box if the organization discontinued its operations or dispos			ets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	28
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
oğ Ç		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			60
itie		Total number of volunteers (estimate if necessary)			28
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		9,588,336.	11,041,028.
	9	Program service revenue (Part VIII, line 2g)		769,541.	680,764.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		17,965.	7,075.
ď	11	Other revenue (Part VIII, column (A), Ilnes 5, 6d, 8c, 9c, 10c, and 11e)	1	0.	79,655.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,375,842.	11,808,522.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	525,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	[10,458,093.	7,856,227.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g.	. b	Total fundraising expenses (Part IX, column (D), line 25) 846,4	62.		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,082,682.	2,284,399.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,540,775.	10,665,626.
	19	Revenue less expenses. Subtract line 18 from line 12		-2,164,933.	1,142,896.
20 %	4		В	eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		4,243,276.	5,019,521.
ASS	21	Total liabilities (Part X, line 26)		2,746,143.	2,379,492.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,497,133.	2,640,029.
P	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	
				6/	24/25
Sig	n	Signature of officer		Date /	
Hei	re	MARTIN WHITTAKER, CHIEF EXECUTIVE OFFICER Type or print name and title	₹		
			······	Date Check	PTIN
D-2	al .	Preparer's name Preparer's signature MAGDALENA CZERNIAWSKI MAGDALENA CZERN		ia	
Paid			TUMDY		7-3707167
	parer Only	Firm's name CBIZ ADVISORS, LLC Firm's address 685 THIRD AVENUE		Firm's EIN 8	, 3/0/10/
USU	Unity	NEW YORK, NY 10017		Phone no 21	2-503-8800
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		I i lione ilo, zi z	X Yes No
	,			**************************	

Form	990 (2024) JUST CAPITAL FOUNDATION, INC. 36-4764467 Page 2
	till Statement of Program Service Accomplishments
Control of	Check if Schedule O contains a response or note to any line in this Part III
·	
1	Briefly describe the organization's mission:
	JUST CAPITAL'S MISSION IS TO BUILD A MORE JUST ECONOMY THAT WORKS FOR
	ALL AMERICANS BY HELPING COMPANIES IMPROVE HOW THEY SERVE ALL THEIR
	STAKEHOLDERS - WORKERS, CUSTOMERS, COMMUNITIES, THE ENVIRONMENT, AND
	SHAREHOLDERS - AS DEFINED BY THE PUBLIC.
	Did the organization undertake any significant program services during the year which were not listed on the
2	Ty .
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,567,180 • including grants of \$ 525,000 •) (Revenue \$ 680,764 •)
	JUST CAPITAL IS THE ONLY INDEPENDENT NONPROFIT THAT TRACKS, ANALYZES,
	AND ENGAGES WITH LARGE CORPORATIONS AS WELL AS THEIR INVESTORS ON HOW
	THEY PERFORM ON THE AMERICAN PUBLIC'S PRIORITIES. OUR RESEARCH,
	RANKINGS, INDEXES, AND DATA-DRIVEN TOOLS EMPOWER ALL MARKET
	PARTICIPANTS TO HELP BUILD AN ECONOMY THAT WORKS FOR ALL AMERICANS.
	WE POLL AMERICANS EVERY YEAR TO IDENTIFY THE ISSUES THAT MATTER MOST IN
	DEFINING JUST BUSINESS BEHAVIOR TODAY. WE THEN DEFINE METRICS THAT MAP
	TO THOSE ISSUES AND TRACK AND ANALYZE THE LARGEST, PUBLICLY TRADED U.S.
	COMPANIES. SINCE 2015 WE'VE SURVEYED NEARLY 185,000 AMERICANS ON THEIR
	PRIORITIES FOR CAPITALISM AND JUST BUSINESS BEHAVIOR. OUR SURVEY
	RESEARCH NOT ONLY PROVIDES A CLEAR ROADMAP FOR WHAT ISSUES MATTER MOST
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	ANALYSIS
44	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ĺ		
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	********
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		İ	
	public office? If "Yes," complete Schedule C, Part I	3		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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	NSUB-7465	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.	100		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	١		₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		x	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	118		
ıza		12a	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		T
	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	L	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u> </u>	(2004)

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orm	990 (2024) JUST CAPITAL FOUNDATION, INC. 36-476 *IV Checklist of Required Schedules (continued)	4467	Р	age 4
ı. Gı	Offecklist of Required Scriedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ	169	NU
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	\		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
94 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
4-ru	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ł	
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	·		
٠	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	ļ .	х
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	1		
	Schedule L. Part I	25b	Ì	х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			70.24
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		T	
	"Yes, " complete Schedule L, Part IV	28a	1.	Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	1		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32	<u> </u>	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			X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
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			1
	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 on Schedule O for Part VI, lines 11b and 19?	i		1

38	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?										
	Note: All Form 990 filers are required to complete Schedule O										
Pai	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											
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1000								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable										
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	X								

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 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? X 2h 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? X 4a b If "Yes," enter the name of the foreign country See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5<u>c</u> 6a 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Form 990 (2024)

JUST CAPITAL FOUNDATION, INC.

36-4764467 Page
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 on Schedule O. See instructions

	to line ou, ou, or rob bolow, describe the directifications, processes, or changes on conclusion of contractions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		\$18 Sales	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	R. Marie		
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ļ _ İ		
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	St. Sections	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			13 At 5 At 7
а	The governing body?	<u>8a</u>	_ <u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	DE 8440003
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> X</u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ <u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	S. NONGOVSKI	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.17		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	280.50220 Anno	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			100
	taxable entity during the year?	16a	word without	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		100	200
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL, NY, CT, CA, DE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records		_	
		<u>5-63</u>	91	
	44 EAST 30TH STREET, 11TH FLOOR, NEW YORK, NY 10016			

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	nizat	tion	com	pen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(C Posi	?)		_	(D)	(E)	(F)
Name and title	Average	(do	not el	Posi heck r	tion	l than c	na	Reportable	Estimated	
	hours per	box.	box, unless person officer and a director		son is	s both	an	compensation	compensation	amount of
	week	<u> </u>	$\overline{}$		recto	rrus	.00)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		ae.	mpen		1099-NEC)	1000-11120)	and related
	below	ndividual trustee or director	nstitutional trustee	<u> </u>	Key employee	stco	태	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MARTIN WHITTAKER	50.00									
CHIEF EXECUTIVE OFFICER				X				650,360.	0.	69,640.
(2) ALISON OMENS	50.00									
PRESIDENT				X				295,970.	0.	78,972.
(3) TERESA YUNG	50.00					ĺ				
CHIEF FIN. AND OPS (OUTGOING)				Х				281,387.	0.	62,011.
(4) MOHAMMAD TAHIR KHAN	50.00]	ļ						_	
CHIEF TECHNOLOGY OFFICER		L			X			262,240.	0.	75,115.
(5) TOLU LAWRENCE	50.00	4								
CHIEF IMPACT OFFICER		L	<u> </u>	<u> </u>	X	<u> </u>	<u> </u>	232,400.	0.	75,217.
(6) TRACY STEWART	40.00					l				40.00
MD INVESTOR STRATEGIES		<u> </u>	<u> </u>	L	_	x	<u> </u>	224,781.	0.	43,886.
(7) MONA PATNI	40.00	_							_	
SD QUANT RES. & ANALYTIC		<u> </u>	L	<u> </u>		x		190,400.	0.	63,089.
(8) BENJAMIN KING	40.00	4								
MD CORPORATE STRATEGY & ENGMT.		↓_	<u> </u>	╙	<u> </u>	X	ļ	174,710.	0.	74,756.
(9) SHASHANK SHETH	40.00	4			l	١.				
MANAGING DIRECTOR OF DATA		-	<u> </u>	ļ	<u> </u>	X	<u> </u>	190,992.	0.	52,903.
(10) JENNIFER TONTI	40.00	4	-			l		455 000		F0 445
MD SURVEY RES. & INSIGHTS		ļ	<u> </u>	<u> </u>	<u> </u>	X	_	177,220.	0.	53,417.
(11) RYAN D. O'GRADY	50.00	4		l	Ì		İ	100 000		F0 060
SEN. DIR., FIN AND OPERATIONS			 	X		-		133,220.	0.	52,960.
(12) ALAN H. FLEISCHMANN	2.00	١.,					1			
DIRECTOR		X	-	<u> </u>	<u> </u>	1	ـــ	0.	0.	0.
(13) AMY LIU	2.00	┨"		,,			ļ			
SECRETARY		X		X	⊢	╄	1	0.	0.	0.
(14) ANDREA JUNG	2.00	٠,							0.	
DIRECTOR	- - 2 2 2 2	X	+-	+	-	+-	╀	0.	<u> </u>	0.
(15) ANNETTE NAZARETH	2.00	┨ѿ		1	ĺ	1		0.	0.	0.
DIRECTOR	2.00	X	+	╁	╁	+-	┼-	J	U •	U .
(16) ARIANNA HUFFINGTON DIRECTOR	4.00	$\frac{1}{x}$				Į		0.	0.	0.
(17) DAN ARIELY	2.00	╁	╁	+	+	╁	╁	U .		ļ
DIRECTOR	2.00	$ _{\mathbf{x}}$	1					0.	0.	0.
DIRECTOR		1	4_	٠.	1		1		ı	<u> </u>

Part VII Section A. Officers, Directors, Trus								1				
(A)	(B)			Pos	C) ition	1		(D)	(E)			(F)
Name and title	Average hours per	(do	not c	heck	more	i than is boti	one	Reportable compensation	Reportable compensation			mated ount of
	week					or/trus		from	from related	'		ther
	(list any	į						the	organizations			ensation
	hours for	or dir	يو ا			ate	1	organization	(W-2/1099-MIS	C/		m the
	related organizations	ustee	truste	1	يو	bens	ĺ	(W-2/1099-MISC/	1099-NEC)		_	nization
	below	ualtr	tional		l Sed	rt com		1099-NEC)				related Izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	,			Organ	ZQLIOI IO
(18) DAN HESSE	4.00											
DIRECTOR		X		<u> </u>		ļ		0.		0.	·	0.
(19) DAN SCHULMAN	4.00	ļ		l		١						•
CHAIRMAN, DIRECTOR	2 00	X	<u> </u>	X	-	┼	╁	0.	CALIFORNIA PROGRAMMA AND AND AND AND AND AND AND AND AND AN	0.		0.
(20) DAVID KAMENETZKY DIRECTOR	2.00	x						0.		0.		0.
(21) HOLLY GORDON	2.00	╬	├-	├	╁╌	╁	┝	<u> </u>		٠.		
DIRECTOR	2.00	x						0.		0.		0.
(22) JASON WINGARD	0.50		1	†	1	 -	T					
DIRECTOR		х						0.		0.		0.
(23) JIM BILDNER	0.50			Ī			Π					
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	╄	_	0.		0.		0.
(24) JOHN ROGERS JR.	0.50	١										0
DIRECTOR (25) KIP TINDELL	2.00	X	 	┼	 	┿-	-	0.		0.		0.
DIRECTOR	2.00	x	İ	1		1		0.	T.	0.		0.
(26) LAUREL BRITTON	4.00	┼≏	┼	╁╌	-	+	+-	ļ		٠.		<u> </u>
DIRECTOR		\mathbf{x}		l				0.		0.		0.
1b Subtotal	-L.							2,813,680.		0.	701	,966.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								2,813,680.	······································	0.	701	.,966.
2 Total number of individuals (including but i	not limited to th	ose	iiste	ed a	bov	e) wl	no re	eceived more than \$100,	000 of reportable			
compensation from the organization					. />		2.72					25 Yes No
2 Did the every retion list on a fewer or office	dlunatau tu int		lense				ملطف	wheat commonacted amon	lavaa an		SOME I	res No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the s										••••		
and related organizations greater than \$15											4	Х
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." con	mplete Schedui	eJ:	for s	uch	per	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest or										oensa	tion fro	m
the organization. Report compensation for	tne calendar y	ear	ena	ng v	vitn	or w	<u>/itnii</u>		ear.		(C	
(A) Name and busines	s address							(B) Description of s	services	C	Omper	nsation
RANCHO ENCANTANDO I LLC,	101 LAF	RKS	JPC	JR				WORKFORCE WE				
LANDING CIRCLE, SUITE 31	0, LARKS	JPU	JR,					SUMMIT			128	3,084.
BERLIN ROSEN, LTD, 15 MA		Œ,	, :	LU3	TI	<u> </u>		PR AND MARKE	TING			
1600, NEW YORK, NY 10038	ч						CONSULTING		114,146.			
2 Total number of independent contractors	(including but r	not l	imite	ed to	the	ose l	isted	d above) who received m	ore than			
\$100,000 of compensation from the organ	nization					2						

	PITAL FOU	ND	<u>AT</u>	<u> 10</u>	Ν,	<u>I</u>]	<u> </u>	•	36-476	4467
Part VII Section A. Officers, Directors,	Trustees, Key En	nplo	yees	s, ar	nd H	ighe	st (Compensated Employe		
(A) Name and title	(B) Average hours per		(C) Position (check all that					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MARC H. MORIAL DIRECTOR	2.00	x						0.	0.	0.
(28) MARK WEINBERGER DIRECTOR	4.00	х						0.	0.	0.
(29) MICHAEL WEINSTEIN DIRECTOR	4.00	x						0.	0.	0.
(30) MINDY LUBBER DIRECTOR	2.00	X						0.	0.	0.
(31) PAT RUSSO	2.00									
DIRECTOR (32) PAUL T. JONES, II	4.00	X						0.	0.	0.
EMERITUS CHAIR, DIRECTOR (33) PETER GEORGESCU	4.00	X		Х				0.	0.	0
DIRECTOR (34) RAY CHAMBERS	2.00	x		 	_			0.	0.	0
DIRECTOR		X						0.	0.	0
(35) RINALDO BRUTOCO DIRECTOR	4.00	x						0.	0.	0
(36) ROBERT DEUTSCH PREASURER & DIRECTOR	4.00	x		x				0.	0.	0
(37) ROOSEVELT GILES DIRECTOR	4.00	Х						0.	0.	0
(38) SUSHMITA BANERJEE DIRECTOR	4.00	x						0.	0.	0
(39) XAVIER DE SOUZA BRIGGS DIRECTOR	2.00	X						0.	0.	0
JAKES LOK		Î			-			<u> </u>		
The second secon		-	<u> </u>	-			<u> </u>			
PA-9-2-1-4		<u> </u>	 	ļ	ļ					L.A.
		_	\vdash	-	_	ļ				
			\vdash	\vdash		\vdash				
		\vdash	-	╁	-	<u> </u>	_			
		-	-	-	\vdash	<u> </u>	-	<u> </u>		
Total to Part VII, Section A, line 1c										

			Check if Schedule O co	onta	ins a response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1	a	Federated campaigns		1a				Lab. The Color	
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						all the said to a	
2		С	Fundraising events							
£ Z			Related organizations						100	16
B.S.			Government grants (contrib				4000			
ÖÖ		f	All other contributions, gifts, g	rants	s, and					100
野			similar amounts not included a	abov	e 1f	11,041,028.				1980
돌음		g	Noncash contributions included in li	nes 1	a-1f 1g \$				(A)	
<u> </u>		h	Total. Add lines 1a-1f		*************		11,041,028.			
						Business Code	. 199			
8	2	а	DATA LICENSING			518210	206,600.	206,600.		
Program Service Revenue		b	SERVICE AGREEMENTS	-	.,	900099	186,026.	186,026.		
S E		•	ETF REVENUE SHARE			900099	171,484.	171,484.		
E a		•	ADVISORY SERVICES			900099	106,783.	106,783.		
<u> </u>		•	CIL MEMBERSHIP FEES		v•v-,	900099	9,726.	9,726.		
- □			All other program service r	ever	nue	900099	145.	145.	d Alexa Service Service deservativo (USA Cla	F MS-JAM-Cross Francisco Street Street Street Street
			Total. Add lines 2a-2f	****			680,764.			
	3		Investment income (includi	ng d	dividends, inte	est, and				
							7,075.			7,075.
	4		Income from investment of							
	5		Royalties							
	_		_		(i) Real	(ii) Personal	4			
	6		Gross rents	6a	79,655		-			
			,	6b	79,655		-			
			Rental income or (loss)	6с	13,033	<u>· L</u>	79,655.			79,655.
			Net rental income or (loss) Gross amount from sales of		(i) Securities	(ii) Other	75,033.		The second secon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	′	а	assets other than inventory	7a		(1) (11)	1			
		h	Less: cost or other basis	7 a			1			
ø		U		7b	1		200 E	1000000		
ᇍ		_		7¢			1			
ě			Net gain or (loss)							
Other Revenue			Gross income from fundraisin including \$							
U			contributions reported on	line				ALCOHOL:		45.7
			Part IV, line 18			a				
		b			8		1			
			Net income or (loss) from t							
	9		Gross income from gamin		· -			100		
			Part IV, line 19			a				
		b	Less: direct expenses			do				The state of the s
		С	Net income or (loss) from	gam	ing activities_					
	10	а	Gross sales of inventory, i	988	returns		100		100	Attack 1
1			and allowances			0a				
		b	Less: cost of goods sold		<u>1</u>	Ob		and the second		
		C	Net income or (loss) from	sale	s of inventory					
Ø						Business Code				
Š a	11	а	No. 4 hours de la constitución d							
Miscellaneous Revenue		b								
le Se		С								
Zi.	1		All other revenue							
	<u></u>		Total. Add lines 11a-11d				11 000 500	600 564		06 730
	12		Total revenue. See instruction	ns			11,808,522	. 680,764	. 0	. 86,730.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. eseneaxe Grants and other assistance to domestic organizations 525,000 525,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 567,688 313,146. trustees, and key employees 2,269,493. 1,388,659. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,018,980. 3,402,861. 298,289. 317,830. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 9,400. 119,374. 102,323. 7,651. section 401(k) and 403(b) employer contributions) 010,382. 839,560. 85,812. 85,010. Other employee benefits 9 437,998. 339,931. 58,139. 39,928. Payroll taxes Fees for services (nonemployees): a Management 19,225. 7,400. 11,825. b Legal 40,900. 40,900. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 368,542. 313,772. 52,870. 1,900. column (A), amount, list line 11g expenses on Sch O.) 69,706. 69,706. Advertising and promotion 12 1,898. 21,888. 2,880. 26,666. 13 Office expenses 39,199. 11,200. 565,586. 515,187. 14 Information technology 15 Royaltles 617,021. 506,448. 66,649. 43,924. 16 Occupancy 3,808. 75,667. 69,971. 1,888. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 366,616. 354,101. 12,515. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 36,839. Depreciation, depletion, and amortization 44,882. 4,848. 3,195. 22 4,052. 36,835. 30,205. 2,578. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 18,387 2,343. 1,636. 22,366. RECRUITMENT & TRAINING 19,879. 16,317. 2,147.1,415. EQUIPMENT 10,508. 8,625. 1,135. 748. d e All other expenses 1,251,984. 10,665,626. 8,567,180. 846,462. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. If following SOP 98-2 (ASC 958-720)

5,019,521. Form 990 (2024)

2,640,029.

29

30

31

32

33

1,497,133. 4,243,276.

Net Assets

30 31

32

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2024) JUST CAPITAL FOUNDATION, INC.	36-4	764467	Page	_∋ 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>11,808</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,665		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,142		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,497	<u>,13</u>	<u>3.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			Charles and
7	Investment expenses	7			
8	Prior period adjustments	8	· · · · · · · · · · · · · · · · · · ·		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,640	,02	<u> 9.</u>
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	if the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	10-10-1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		200		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			. 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		de la Jal	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JUST CAPITAL FOUNDATION, INC.

36

Employer identification number 36-4764467

Part I Reason for Pu	blic Charity Status. 🥢	All organizations must co	mplete thi	s part.) Se	e Instructions.								
The organization is not a private													
1 A church, convention	of churches, or association	of churches described	n section	170(b)(1)	(A)(i).								
2 A school described in	section 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990).)										
3 A hospital or a coope	rative hospital service orga	nization described in se	ction 170(b)(1)(A)(iii)	ı .								
4 A medical research o	rganization operated in con	junction with a hospital o	described i	n section	170(b)(1)(A)(iii). Enter t	he hospital's name,							
city, and state:													
5 An organization opera	ated for the benefit of a coll	ege or university owned	or operate	d by a gov	ernmental unit describe	d in							
section 170(b)(1)(A)	(iv). (Complete Part II.)												
6 A federal, state, or loc	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 X An organization that	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
section 170(b)(1)(A)(section 170(b)(1)(A)(vi). (Complete Part II.)												
8 A community trust de	escribed in section 170(b)(1)(A)(vi). (Complete Part	II.)										
	ch organization described i			d in conjur	nction with a land-grant o	college							
or university or a non	-land-grant college of agricu	ılture (see instructions). I	Enter the n	ame, city,	and state of the college	or							
university:													
10 An organization that	normally receives (1) more t	han 33 1/3% of its supp	ort from co	ntribution	s, membership fees, and	gross receipts from							
activities related to its	s exempt functions, subject	to certain exceptions; a	nd (2) no n	nore than (33 1/3% of its support fr	om gross investment							
income and unrelated	d business taxable income (less section 511 tax) fro	n busines	ses acquire	ed by the organization a	fter June 30, 1975.							
See section 509(a)(2). (Complete Part III.)												
11 An organization orga	nized and operated exclusiv	vely to test for public saf	ety. See s	ection 50	9(a)(4).								
12 An organization orga	nized and operated exclusiv	vely for the benefit of, to	perform th	e function	s of, or to carry out the p	ourposes of one or							
more publicly suppor	ted organizations described	d in section 509(a)(1) o	section 5	i09(a)(2). S	See section 509(a)(3). C	heck the box on							
lines 12a through 12d	d that describes the type of	supporting organization	and comp	lete lines '	12e, 12f, and 12g.								
a Type I. A supporting	ng organization operated, su	pervised, or controlled b	y its supp	orted orga	nization(s), typically by (giving							
the supported orga	nization(s) the power to reg	jularly appoint or elect a	majority of	the direct	tors or trustees of the su	pporting							
organization. You i	nust complete Part IV, Se	ctions A and B.											
b Type II. A supporti	ng organization supervised	or controlled in connect	ion with its	supporte	d organization(s), by hav	ing							
control or manager	ment of the supporting orga	anization vested in the sa	me persor	ns that cor	ntrol or manage the supp	orted							
organization(s). Yo	u must complete Part IV,	Sections A and C.											
c Type III functional	ly integrated. A supporting	g organization operated i	n connect	ion with, a	nd functionally integrate	d with,							
its supported orga	nization(s) (see instructions)	. You must complete F	art IV, Se	ctions A, I	D, and E.								
d Type III non-funct	ionally integrated. A supp	orting organization oper	ated in cor	nection w	ith its supported organiz	ation(s)							
that is not function	ally integrated, The organiz	ation generally must sati	sfy a distri	bution req	uirement and an attentiv	eness							
requirement (see ir	structions). You must con	nplete Part IV, Sections	A and D,	and Part \	/ .								
e Check this box if the	ne organization received a v	vritten determination fro	n the IRS t	that it is a	Type I, Type II, Type III								
functionally integra	ited, or Type III non-function	nally integrated supportir	ng organiza	ation.									
f Enter the number of supp	orted organizations												
g Provide the following info	mation about the supporte			····									
(i) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other							
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)							
			·										
2000													

BANKAN AND AND AND AND AND AND AND AND AND A													
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	The first property to the second extension of the second	DAN SECTION SECTIONS		Production Balbara est									
Total					1	<u> </u>							

(Form 990) 2024 JUST CAPITAL FOUNDATION, INC. 36-4764467 Page 2 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.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Calei	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16070003.	10840875.	<u> 11635628.</u>	9583336.	<u>11041028.</u>	<u>59170870.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						i
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					, , , , , , , , , , , , , , , , , , , ,	
4	Total. Add lines 1 through 3	16070003.	10840875.	11635628.	9583336.	11041028.	59170870.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		30.00			10 to 10 to	35471165.
6	Public support, Subtract line 5 from line 4.						23699705.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	16070003.	10840875.	11635628.	9583336.	11041028.	59170870.
8	Gross income from interest,						
	dividends, payments received on	1			`		
	securities loans, rents, royalties,			1			
	and income from similar sources	3,190.	2,278.	5,049.	17,965.	86,730.	115,212.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			ľ			ļ
	assets (Explain in Part VI.)	48,050.	27,170.				75,220.
11	Total support. Add lines 7 through 10		West of the second			(C)(C)(C)	59361302.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 2	2,881,104.
13	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2024 (14	39.92 %
	Public support percentage from 2023					15	39.91 %
16a	1 33 1/3% support test - 2024. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifles		-				
k	33 1/3% support test - 2023. If the	organization did n	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qua		• • •	***************************************			
17ε	ı 10% -facts-and-circumstances tes	t - 2024. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fac	ts∙and-circumstand	ces test, check this	s box and stop he	e re. Explain in Parl	: VI how the organ	ization
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	ublicly supported o	organization		
t	10% -facts-and-circumstances tes	t - 2023. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circui	mstances test, che	eck this box and s	top here. Explain	in Part VI how the	·
	organization meets the facts-and-circ	cumstances test. T	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	3a, 16b, 17a, or 17	b, check this box a	and see instruction	าธ

Schedule A (Form 990) 2024 JUST CAPITAL FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
1	Gifts, grants, contributions, and	1						
	membership fees received. (Do not							
	include any "unusual grants.")				<u> </u>			
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose		l i					
3	Gross receipts from activities that							
-	are not an unrelated trade or bus-			i				
	iness under section 513	ļ						
4	Tax revenues levied for the organ-				†			
~	ization's benefit and either paid to	l						
	or expended on its behalf							
-	, , , , , , , , , , , , , , , , , , , ,		ļ			 		
5	The value of services or facilities]					
	furnished by a governmental unit to							
_	the organization without charge							
	Total. Add lines 1 through 5		1			 		
7 ε	Amounts included on lines 1, 2, and	1	1		1	1		
	3 received from disqualified persons							
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that	1				1		
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
•	c Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Amounts from line 6							
10	a Gross income from interest,			[
	dividends, payments received on securities loans, rents, royalties,			1				
	and income from similar sources		<u></u>				,	
ŀ	b Unrelated business taxable income							
	(less section 511 taxes) from businesses			1				
	acquired after June 30, 1975							
	c Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on				1			
12	Other income. Do not include gain	***************************************	†	1		1		
	or loss from the sale of capital					1		
40	assets (Explain in Part VI.)					************		
	Total support. (Add lines 9, 10c, 11, and 12.)	ha amandastical f	L	المسالم المسالم		E01/a)(0) avec :- '-	L	
14	First 5 years. If the Form 990 is for the	ne organization's t	ırsı, secona, tnira,	iourth, or fiπh tax	year as a section	ou i(c)(a) organiz	zauon,	
<u></u>	check this box and stop here ction C. Computation of Publ	ic Support Po	rcentage					
						146	0/	
	Public support percentage for 2024 (column (f))		15	%	
	Public support percentage from 2023					16		
	ction D. Computation of Inve			les doti- (0)	\	142		
17	•						%	
	Investment income percentage from					18		
19	a 33 1/3% support tests - 2024. If the						ne 1 / is not	
	more than 33 1/3%, check this box a	•						
ļ	b 33 1/3% support tests - 2023. If the							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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<u>Sch</u> e		4764467	Pag	ge 5
	t IV Supporting Organizations _(continued)			
		14 to 100 to 100	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	200		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	т	 -	
		respect transferred to the	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	⁵ ,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1000		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	607ML 977	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			10000
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	non o. Type ii Supporting Organizations		Voc T	N-
	Mary a majority of the appendication of divertors of the property of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	16/2/collect	varifyid.	
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	overage 32 f.	Note the second
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
~	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).	1	r	T
2	Activities Test. Answer lines 2a and 2b below.	Sking Kleen Andrea	Yes	No
a				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		35,374	State.
	that these activities constituted substantially all of its activities.	2a	ATMER DE	KINDS P
b	• • • • • • • • • • • • • • • • • • • •			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		RELA	
	these activities but for the organization's involvement.	2b	克格尔克斯特尼尔	7000000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		_	ANA A	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	<u>3a</u>	(4)743	MARKET SERVICE
b			200000000000000000000000000000000000000	4.0
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	l

	dule A (Form 990) 2024 JUST CAPITAL FOUNDATION,			6-4/6446/ Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifyli	ng trust on	1 Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Secti	on A - Adjusted Net Income	ļ	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of Income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		To the state of th	
	instructions for short tax year or assets held for part of year):		cont.	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b	331 0000	
	Fair market value of other non-exempt-use assets	1c		
Distriction School	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
_	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0,85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	1000	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ated Type III supporting orga	nization (see
				•

Schedule A (Form 990) 2024

instructions).

Sche Par		OUNDATION, INC.	nizations (continu		6-4764467 Page 7
15.50 17.67	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	- Juli 1 Juli
2	Amounts paid to perform activity that directly furthers exemp	······································			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which ti	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	18	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
a	From 2019		2000 Mg 1700		
<u>b</u>	From 2020				
С	From 2021				
d	From 2022				
е_	From 2023				And the second
f	Total of lines 3a through 3e				
	Applied to under distributions of prior years				
<u>h</u>	Applied to 2024 distributable amount				
<u>i</u>	Carryover from 2019 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$			Victoria.	
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2024 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			e e notaciono (n. suc	Mark Color C
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
<u>e</u>	Excess from 2024				

Schedule A (Form 990) 2024

Schedule								DUMDAT								/ Page 8
Part V		Supple Part IV, S	mental ection A	I Inforr , lines 1,	nation. 2, 3b, 3d	Provide	the expla	nations rec 9b, 9c, 11d n E, lines 1	uired by	y Part and 11	II, line 10; Ic; Part IV,	Part II, Iir Section	ne 17a or B, lines 1	17b; Par and 2; Par	t III, line 12 art IV, Sec	tion C,
	5	Section D	n iv, sec), lines 5, uctions.)	, 6, and 8	8; and Pa	rt V, Sect	ion E, line	n E, illies i es 2, 5, and	6, 2a, 2 6. Also	comp	and 35; Pa plete this pa	art for an	y additio	nal inform	ation.	ratt v,
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Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization 36-4764467 JUST CAPITAL FOUNDATION, Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or

property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Employer identification number

TUST	CAPTTAL	FOUNDATION,	TNC.
0001		T COMPITT TOM,	T-100 e

36-4764467

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 333,334.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ 550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,698,356.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,540,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

JUST	CAPITAL	FOUNDATION.	INC.

36-4764467

OOSI (SWETTWH LOGINDWITON, TIME		4/0440/
Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 354,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
manusco —		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

JUST CAPITAL FOUNDATION, INC.

36-4764467

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$	***						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
CONTRACTOR OF THE PARTY OF THE		\$							

Schedule B (Form 990) (Rev. 12-2024) Name of organization **Employer identification number** JUST CAPITAL FOUNDATION, INC. 36-4764467 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D

Supplemental Financial Statements

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JUST CAPITAL FOUNDATION, INC.

Employer identification number 36-4764467

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$, If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Sched	dule D (Form 990) (Rev. 12-2024) JUST CX	APITAL FOUR	NDATIC	N, IN	∛C • asures. or	Other 9	3 Similar	6-476 Assets	64467	Page 2
	Using the organization's acquisition, accession								TOOMMING	<u> </u>
	collection items (check all that apply).			•	-	_				
а	Public exhibition	c	ı 🔲 Lo	an or excl	hange progra	m				
b	Scholarly research	e	e 🔲 Ot	her						
C	Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P									KIII.	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiza	ation's col	llection?				Yes	No
Par	tilV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the or	ganization	answered "Y	es" on Fo	orm 990, F	Part IV, lir	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for co	ntribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?		-					[Yes	□ No
b	If "Yes," explain the arrangement in Part XIII								•	
		•	Ū						Amount	***************************************
C	Beginning balance						1c			
	Additions during the year						1d			7-710-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Distributions during the year						1e			<u> </u>
	Ending balance						1f			
	Did the organization include an amount on Fo						/?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					_			-	
20 20 20 20 20 20 20 20 20 20 20 20 20 2	t V Endowment Funds Complete if							Chapter to the control of		
		(a) Current year	(b) Prid		(c) Two year		d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance					····				
b	Contributions									
	Net investment earnings, gains, and losses									·
	Grants or scholarships		***************************************							
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a.	column (a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
C	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that a	re held ar	nd administer	ed for the	,			
	organization by:								T ₁	Yes No
	(i) Unrelated organizations?								3a(i)	
	m = 1 1 1 1 0								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the				***************************************		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Par		the same of the sa	200000000		4					
X25,041,040	Complete if the organization answere		0. Part IV. I	ine 11a. S	See Form 990	. Part X. I	ne 10.			
-	Description of property	(a) Cost or			t or other	***************************************	cumulate	Ч	(d) Book	value
	Edden property	basis (invest			(other)		reciation	"	(u) Book	valuo
12	Land			., ., ., .				ar is		
b	Buildings			**************************************			materia of Profession	DOORSE ALVES		
	Leasehold improvements			Δ	4,910.		33,32	1.	11	,589.
	Equipment				6,205.		16,20			0.
	Other				8,123.	1	62,45		5	,669.
	. Add lines 1a through 1e. (Column (d) must e	to the state of th	X line 10r							,258.

Schedule D (Form 990) (Rev. 12-2024) JUST CAPIT Part VIII Investments - Other Securities	AL FOUNDATION	I, INC.	36-4764467 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	a 11b. See Form 990, Part X	(, line 12.
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			***************************************
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		44 0 5 000 5 ()	(II _ 40
Complete if the organization answered "Yes"			
(a) Description of Investment	(b) Book value	(c) Method of Valuat	ion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			www.www.com
(5)		Was at New York Comment of the Comme	
(6)	***		
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	the search and the season and the se		
Complete if the organization answered "Yes	" on Form 990. Part IV. lin	e 11d. See Form 990. Part	X. line 15.
) Description		(b) Book value
(1) SECURITY DEPOSIT			114,000.
(2) OPERATING LEASE	· · · · · · · · · · · · · · · · · · ·	A STATE OF THE STA	1,288,441.
(3)			
(4)		OMARDR PHIL ST.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c	ol. (B))		1,402,441.
Part X Other Liabilities			
Complete if the organization answered "Yes	" on Form 990, Part IV, lin	ie 11e or 11f. See Form 990), Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes		A 200- Live reconstruction of the Processing State of	
(2) OPERATING LEASE		A	1,515,684.
(3)			
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)	1 · · · · · · · · · · · · · · · · · · ·		

(6) (7) (8) 1,515,684. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) (Rev. 12-2024) JUST CAPITAL FOUNDATION,	INC.		36-4	4764467	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stater					
1.000000000	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Tatal manager and all an area and all an area and all and the second			1	12,168	.857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			50.50	···	
	Net unrealized gains (losses) on investments	2a				
	Donated services and use of facilities		360,335.			
	Recoveries of prior year grants		***************************************	1		
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d			2e	360	,335.
3	Subtract line 2e from line 1			3	11,808	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					•
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)			1		
	Add lines 4a and 4b		<u>, , , , , , , , , , , , , , , , , , , </u>	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,808	
Pai	TXII Reconciliation of Expenses per Audited Financial State					/
end during	Complete if the organization answered "Yes" on Form 990, Part IV, line		pooo po		. •	
	Total expenses and losses per audited financial statements			1	11,025	961
1				100	11,025	, , , , , ,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	360,335.			
	Donated services and use of facilities		300,333.	-		
	Prior year adjustments		. ,	-		
c	Other losses			-		
d	Other (Describe in Part XIII.)				360	225
е	Add lines 2a through 2d			2e	10,665	<u>,335.</u>
3	Subtract line 2e from line 1			3	10,003	,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	1		-		
	Other (Describe in Part XIII.)	4b				^
C	Add lines 4a and 4b			4c	10 665	0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,665	,626.
-34 KB 100-34 GP	t XIII Supplemental Information		AND POST OF THE PERSON NAMED IN COLUMN 1			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I			4; Part	X, line 2; Part	XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	ation.			
	RT X, LINE 2:					-
-	E FOUNDATION BELIEVES IT HAD NO UNCERTAIN				DECEMBE	R
<u>31</u>						
	DIFICATION ("ASC") TOPIC 740, "INCOME TAX					S
	R ESTABLISHING AND CLASSIFYING ANY TAX PR	ROVISIONS	FOR UNCE	RTAI	N TAX	
POS	SITIONS.					
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SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number 36-4764467						
Part I General Information on Grants as		ATION, INC.					30-4704407
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	o substantiate the						
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organia	zations and Domestic	Governments. C	omplete if the orga	anization answered "	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FINANCIAL HEALTH NETWORK 30 NORTH LASALLE STREET, SUITE 2040 CHICAGO, IL 60602	20-3006098	501(C)(3)	325,000.	0.			PARTNERING WITH JUST CAPITAL AS AN "IMPACT PARTNER" ON IT'S CORPORATE IMPACT LAB AND PARTNERING WITH JUST
JOBS FOR THE FUTURE 50 MILK STREET, 17TH FLOOR BOSTON, MA 02109	06-1164568	501(C)(3)	175,000.	0.	· · · · · ·		CAPITAL AS AN "IMPACT PARTNER" ON IT'S CORPORATE IMPACT LAB AND
GOOD JOBS INSTITUTE 104 MOUNT AUBURN STREET, UNIT 5F CAMBRIDGE MA 02138	82-0730634	501(C)(3)	25,000.	0.			PARTNERING WITH JUST CAPITAL AS AN "IMPACT PARTNER" ON IT'S CORPORATE IMPACT LAB AND
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations			e line 1 table			1	3.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024) JUST CAPITAL FO	UNDATION	INC.			36-4764467	Page 2			
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.					
(a) Type of grant or assistance	(a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other)								
	_								
	and the same of th								
			 						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
PART I, LINE 2:				PROTECTED TO					
ALL SUBGRANTS HAVE INTERIM REPORTII	NG PERIOD	S WHERE GE	CANTEES ARE	REQUIRED TO					
REPORT ON PROGRESS TO DATE. THIS IS	S ALWAYS	THE CASE I	OK SUDGRAM	E MIIH W					
TERM GREATER THAN 12 MONTHS AND FOR DISBURSEMENT. OUR TEAM REVIEWS THE	K SUBGRAN	TO WILL W	OMICCIONC A	ND FOLLOWS					
UP IF ANYTHING IS CONCERNING.	IR GRANT	REPORT 501	PHISSIONS Y	MD FORHOWD					
UP IF ANTIHING IS CONCERNING.									
PART II, LINE 1, COLUMN (H):									
NAME OF ORGANIZATION OR GOVERNMENT	: FINANCI	AL HEALTH	NETWORK						
(H) PURPOSE OF GRANT OR ASSISTANCE	: PARTNER	ING WITH J	JUST CAPITA	L AS AN					
"IMPACT PARTNER" ON IT'S CORPORATE	IMPACT I	AB AND ASS	SOCIATED AC	TIVITIES.					
BRINGING EXPERTISE TO BEAR ON CRIT	ICAL WORK	FORCE ISSU	JES.						
NAME OF ORGANIZATION OR GOVERNMENT	: JOBS FO	R THE FUTU	JRE						
(H) PURPOSE OF GRANT OR ASSISTANCE	: PARTNER	ING WITH	JUST CAPITA	L AS AN					
"IMPACT PARTNER" ON IT'S CORPORATE	IMPACT I	AB AND ASS	SOCIATED AC	TIVITIES.					
BRINGING EXPERTISE TO BEAR ON CRIT	ICAL WORK	FORCE ISSU	JES.						

Schedule (Form 990) JUST CAPITAL FOUNDATION, INC.	36-4764467 Page:
Part IV Supplemental Information	
NAME OF ORGANIZATION OR GOVERNMENT: GOOD JOBS IN	STITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING W	
"IMPACT PARTNER" ON IT'S CORPORATE IMPACT LAB AN	
BRINGING EXPERTISE TO BEAR ON CRITICAL WORKFORCE	ISSUES.
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SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

JUST CAPITAL FOUNDATION, INC. 36-4764467

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef))	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			1000
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			1000 to 1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study	1.01		
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			10.00
	contingent on the revenues of:			6.0 % 3 %
	The organization?	<u>5a</u>		X
b	Any related organization?	5b	as baserana 1970s	X
	If "Yes" on line 5a or 5b, describe in Part III.			L. tr
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	<u>6a</u>		X
b	Any related organization?	6b	g strategy against	X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	[
_	not described on lines 5 and 6? If "Yes," describe in Part III	7_	X	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			,
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		able of	1000
	Regulations section 53.4958-6(c)?	9	L	L

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARTIN WHITTAKER	(i)	500,000.	150,000.	360.	20,000.	49,640.	720,000.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ALISON OMENS	(i)	295,500.	0.	470.	11,500.	67,472.	374,942.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) TERESA YUNG	(i)	161,504.	0.	119,883.	6,665.	55,346.	343,398.	0.	
CHIEF FIN. AND OPS (OUTGOING)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MOHAMMAD TAHIR KHAN	(i)	261,800.	0.	440.	10,600.	64,515.	337,355.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) TOLU LAWRENCE	(i)	232,000.	0.	400.	9,128.	66,089.	307,617.	0.	
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) TRACY STEWART	(i)	224,391.	0.	390.	8,906.	34,980.	268,667.	0.	
MD INVESTOR STRATEGIES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) MONA PATNI	(i)	190,000.	0.	400.	0.	63,089.	253,489.	0.	
SD QUANT RES. & ANALYTIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) BENJAMIN KING	(i)	174,250.	0.	460.	4,667.	70,089.	249,466.	0.	
MD CORPORATE STRATEGY & ENGMT.	(ii)	0.	0.	0.	0.		0.	0.	
(9) SHASHANK SHETH	(i)	190,592.	0.	400.	7,692.	45,211.	243,895.	0.	
MANAGING DIRECTOR OF DATA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JENNIFER TONTI	(i)	176,800.	0.	420.	7,200.	46,217.		0.	
MD SURVEY RES. & INSIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) RYAN D. O'GRADY	(i)	132,820.	0.	400.	5,469.	47,491.	186,180.	0.	
SEN. DIR., FIN AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)						1	- 000) (D 40 0004)	

Page 3

Partill Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
TERESA YUNG-RODRIGUEZ RECEIVED TOTAL SEVERANCE OF \$91,518 IN 2024. IN
ADDITION, MS. YUNG RECEIVED HEALTHCARE CONTINUATION IN 2024 TOTALING
\$13,017. AN ADDITIONAL \$10,606 IS ACCRUED TO 2024 BUT WILL COVER SUCH
CONTINUATION THROUGH MARCH 2025.
PART I, LINE 7:
THE BOARD OF DIRECTORS APPROVED THE BONUS FOR THE CHIEF EXECUTIVE OFFICER.

SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury

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 Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JUST CAPITAL FOUNDATION, INC. **Employer identification number** 36-4764467

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY THE PRIORITIES OF THE AMERICAN PUBLIC IS BETTER BUSINESS.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TO THE AMERICAN PUBLIC WHEN IT COMES TO JUST BUSINESS BEHAVIOR ALSO DETAILS TIMELY, RELEVANT INSIGHTS INTO AMERICAN SENTIMENTS INTO THE MOST CRITICAL ISSUES OF OUR TIME.

IN 2024, WE TRACKED, ANALYZED, AND RANKED 940 COMPANIES ACROSS FIVE STAKEHOLDER GROUPS, 17 ISSUES, AND 88 DATA POINTS. OF THESE COMPANIES, 560 REGISTERED FOR OUR CORPORATE PORTAL AND 274 ENGAGED WITH OUR DATA REVIEW PERIOD, REPRESENTING APPROXIMATELY 9 MILLION WORKERS, OVER 5% OF THE TOTAL U.S. WORKFORCE. 45% OF RANKED COMPANIES STATED THAT OUR WORK HELPED INFORM AND/OR PROMPT IMPLEMENTATION OF NEW POLICIES OR PRACTICES WITHIN THEIR ORGANIZATION, OR RESULTED IN GREATER PUBLIC DISCLOSURE. OF THOSE RESPONDENTS WHO NOTED OTHERWISE, 57% SAID THAT ENGAGEMENT WITH OUR WORK PROMPTED CONVERSATION OR CONSIDERATION ABOUT OPPORTUNITIES FOR IMPROVEMENT ON THE ISSUES WE COVER. OUR ANNUAL RANKINGS OF AMERICA'S MOST JUST COMPANIES SHOWCASED THE COMPANIES AT THE FOREFRONT OF STAKEHOLDER-DRIVEN LEADERSHIP, TRACKING HOW CORPORATE LEADERS DELIVERED VALUE TO ALL THEIR STAKEHOLDERS. IN 2024, WE CONTINUED OUR PARTNERSHIP WITH CNBC WHICH INCLUDES THE EXCLUSIVE RIGHTS TO PUBLISH THE JUST 100 LIST OF COMPANIES LEADING OUR RANKING OF AMERICA'S MOST COMPANIES, AS WELL AS ONGOING PROFILES AND SEGMENTS THAT ELEVATE STAKEHOLDER METRICS ON PAR WITH TRADITIONAL FINANCIAL METRICS TO DEFINE WHAT GOOD LOOKS LIKE REGARDING CORPORATE PERFORMANCE TODAY.

IN ADDITION TO THE RANKINGS, THROUGHOUT 2024 WE BUILT OUT DATA-DRIVEN INSIGHTS AND PROGRAMMATIC INITIATIVES, PARTNERSHIPS, AND PRODUCTS TO DIRECTLY ENCOURAGE AND SUPPORT CORPORATIONS TO ADOPT MORE JUST BUSINESS PRACTICES.

JUST CAPITAL ALSO HELPS DRIVE CAPITAL TOWARD MORE JUST COMPANIES THROUGH DEVELOPING INVESTMENT PRODUCTS, CONVENING INVESTORS FOR TIMELY CONVERSATIONS, AND DEMONSTRATING THE CONNECTION BETWEEN STAKEHOLDER PERFORMANCE AND MARKET PERFORMANCE.

JUST CAPITAL POLLING HAS SHOWN THAT AMERICAN PEOPLE WANT COMPANIES TO CREATE VALUE FOR ALL THEIR STAKEHOLDERS AS A PATH TO CREATING MORE VALUE FOR THEIR SHAREHOLDERS, FOR THEMSELVES, AND FOR SOCIETY AT LARGE. ANALYSIS, AND THROUGHOUT THE COMING YEAR, JUST'S RESEARCH, POLLING, PROGRAMS WILL WORK TO INCENTIVIZE, GUIDE, AND SUPPORT COMPANIES' EFFORTS TO REBUILD TRUST WITH AND CREATE PATHWAYS FOR PROSPERITY FOR ALL STAKEHOLDERS.

FORM 990, PART VI, SECTION B, LINE 11B: INC. THE FINANCIAL STATEMENTS OF JUST CAPITAL FOUNDATION, (THE "FOUNDATION") WERE AUDITED BY AN INDEPENDENT ACCOUNTANT, AS REQUIRED BY THE APPLICABLE STATE LAW UNDER THE DIRECTION OF AN AUDIT COMMITTEE. THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY THE ORGANIZATION'S OFFICERS, PRESIDENT AND AUDIT COMMITTEE WHO ARE GIVEN AMPLE TIME AND OPPORTUNITY TO DISCUSS THEIR COMMENTS AND QUESTIONS WITH THE

Name of the organization JUST CAPITAL FOUNDATION, INC.	Employer identification number 36-4764467
PREPARER, THE ORGANIZATION'S LEGAL COUNSEL AND, IF NEEDED,	OTHER MEMBERS OF
THE ORGANIZATION'S BOARD OF DIRECTORS. FINALLY THE FOUNDAY	
A COPY OF THE FORM 990 TO THE BOARD OF DIRECTORS (EACH MEM	
THEIR INDIVIDUAL COPY), GIVING THE BOARD AN OPPORTUNITY TO	
AND ADDRESS ITS QUESTIONS OR COMMENTS BEFORE OR AT THE NEXT	
BEFORE FILING WITH THE IRS.	I DOARD MEETING
DEPORE FIDING WITH THE INS.	W.A. Carlotte and
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR, OFFICER, AND OTHER STAFF MEMBER AND COMMITT	EE MEMBER WITH
GOVERNING-BOARD-DELEGATED POWERS SHALL, BEFORE INITIAL ELEC	CTION OR
APPOINTMENT AND ANNUALLY THEREAFTER, SIGN A STATEMENT AND	
STATEMENT TO THE SECRETARY OF JUST CAPITAL FOUNDATION, INC	
THAT SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT O	
POLICY, (B) HAS READ AND UNDERSTANDS THE CONFLICT OF INTER	
HAS AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY,	(D) UNDERSTANDS
THAT THE FOUNDATION IS CHARITABLE AND IN ORDER TO MAINTAIN	
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACC	
MORE OF ITS TAX-EXEMPT PURPOSES (AND WILL ENDEAVOR TO FURT	
PURPOSES), AND (E) UNDERSTANDS THAT HE OR SHE MUST DISCLOS	
INTEREST; SPECIFICALLY, THE DIRECTOR, OFFICER, AND OTHER S	
COMMITTEE MEMBER MUST IDENTIFY, TO THE BEST OF HIS OR HER	
ENTITY OF WHICH HE OR SHE IS AN OFFICER, DIRECTOR, TRUSTEE	
EMPLOYEE AND WITH WHICH THE FOUNDATION HAS A RELATIONSHIP,	AND ANY
TRANSACTION IN WHICH THE FOUNDATION IS A PARTICIPANT.	OHANI doo dada aada aa aa aa aa aa aa aa aa aa aa
TOTAL COO. BIRTH GROUND TO THE AREA	CONTRACTOR CONTRACTOR
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE APPROVES THE COMPENSATION OF THE F	
AFTER A REVIEW OF HIS QUALIFICATIONS, HIS PROPOSED EMPLOYM	
AND COMPARABILITY DATA FROM OTHER ORGANIZATIONS. A SUMMARY	
AND DECISION IS PROVIDED IN THE MINUTES OF THE BOARD MEETI	
THE UNANIMOUS WRITTEN CONSENT IN LIEU OF MEETING IN WHICH)	
MADE. FOR THE REMAINDER OF OFFICERS AND KEY EMPLOYEES, THE	CEO DETERMINES
COMPENSATION WITH CONSULTATION FROM THE EXECUTIVE COMMITTE	Е.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
ARE AVAILABLE TO DONORS AND PROSPECTIVE DONORS UPON REQUES	T .
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
Manufacture and the second sec	
	V - Washington - Co Washingto
	- Control of the cont