Other deductions (attach schedule) Total deductions Add lines 14 through 28

Excess readership costs (Schedule J)

28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Deduction for not operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T (2018)

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31

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SEE STATEMENT 13

Part I	71 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	42439	Page 2
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	2,596.
94 94	,	34	<u> </u>
35		35	2,596.
	Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	35	2,350.
36	1		
07	lines 33 and 34	36	4 000
37	Specific deduction (Generally \$1,900, but see line 37 instructions for exceptions)	37	1,000.
36	Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36,	1. 1	•
-	enter the smaller of zero or line 36	38	0.
	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Texable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	20	
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions , , , , , ,	41	/42/ <u></u>
42	Alternative minimum tax (trusts only) ,	42	
43	Tax on Noncompliant Facility Income, See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)	2 2	
Ç	General business credit. Attach Form 3800		
d	Credit for prior year minimum lax (attach Form 8801 or 8827)] ` []	
е	The state of the s	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax lightility paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018 ,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
h h	2018 estimated tax payments	탁군성	
c	Tax deposited with Form 8868 50c	10√	
	and the second s	→ >>: 1	
	Backup withholding (see instructions) 50e	1/35	
-		- (₹) *	
	Other credity adjustments and assuments: Form 3430	1	
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 50g	Real Property	
E4	The state of the s	=1 ·	
51 50	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions), Check if Form 2220 is attached ▶	51	
		52	
53	Tax due. If Jine 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated lax	55	
	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 24 _35
	here •		_ X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	;	. X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$	·	
	Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and statements, and to the best of my lor correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge.	owledge and bell	st, it is true,
Sign			ss this return with
Here		po blebaret epom	
	Signature of officer page Title	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check X	if PTIN	,
Paid	CHRISTOPHER Self-employer		•
	PADMITEMEN AND OPEN PART FROM CDA CED 1 1 / 1 2 / 1 0	1	.89632
Prepa	COLLAR AND CASED DANS TORR C DISCOURT ITE		479760
Use (1275 WAMPANOAG TRAIL		
		401-272	2≂9100
823711 91			m 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A	<u> </u>				
1 Inventory at beginning of year 1			6 Inventory at end of year 6						
2 Purchases	2		7 Cost of goods sold Su			ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No	
b Other costs (attach schedule)	4b			property produced or a	acquirec	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Lease	ed With Real Pro	perty	/) 	
1 Description of property									
(1)						"			
(2)							^		
(3)									
(4)		-							
	2 Rent receiv	ed or accrued			•				
(a) From personal property (if the personal property is more 10% but not more than 50%)	e than	` of rent for	personal	sonal property (if the percent property exceeds 50% or if led on profit or income)	age (a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)				•					
Total	0.	Total			0.]			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.	0.	
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)					
			2	Gross income from or allocable to debt-		3 Deductions directly con to debt-finance		erty	
1 Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)	·								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina			Column 4 divided by column 5		7 Gross income reportable (column 2 x column θ)	((8 Aliocable deductions column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)			<u> </u>	%					
						nter here and on page 1, Part I, line 7, column (A)		inter here and on page 1, Part I, line 7, column (B)	
Totals				>		0		0.	
Total dividends-received deductions in	icluded in column	18				>	•	0.	
								Form 000 T (2019)	

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	- 2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)] ·]
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.
						5 000 T (0040)

Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			_					
(2)			-					
(3)								
(4)								
Totals from Part I		0.	0.				0	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	>	0.	0.				0	

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

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

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FROM P.	ARTNERSHIPS	STATEMENT	12
DESCRIPTION			NET INCOM	
FUNDAMENTAL PARTNERS I RIVERVIEW STRATEGIC OPERUSINESS INCOME (LOSS)	II - NET RENTAL REAL E II - OTHER NET RENTAL : II - INTEREST INCOME II - OTHER PORTFOLIO II	STATE INCOME INCOME (LOSS) NCOME (LOSS)	-1,5 1,0	67. 70. 44. 17. 21.
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5	•	2,8	78.
FORM 990-T	OTHER DEDUCT	IONS	STATEMENT	13
DESCRIPTION		,	AMOUNT	
OTHER DEDUCTIONS FUNDAL	MENTAL PARTNERS		3	07.
TOTAL TO FORM 990-T, P	AGE 1, LINE 28		3	07.
FORM 990-T .	NET OPERATING LOSS	DEDUCTION	STATEMENT	14
TAX YEAR LOSS SUSTA	LOSS PREVIOUSLY INED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/09 27,3 12/31/10 12,3 12/31/11 12/31/12 17,3 12/31/13 40,	128. 4,513. 0. 0. 282. 0.	0. 7,615. 0. 17,282. 40,769.	7,61 17,28 40,76	0.
NOL CARRYOVER AVAILABLE	E THIS YEAR	65,666.	65,66	6.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123 8

Name

Employer identification number

Schedule D (Form 1120) 2018

THOMAS A. RODGERS				<u>04-</u>	3442439
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					32.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss) Combine				7	32.
Part II Long-Term Capital Gai	ns and Losses (See	instructions)			Y
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	1	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,)	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b			·		
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	•				
10 Totals for all transactions reported on			,		
Form(s) 8949 with Box F checked					-7.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		15	<u>-7.</u>
Part III Summary of Parts I and	d II			<u> </u>	· · · · · · · · · · · · · · · · · · ·
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)	_	16	25.
17 Net capital gain. Enter excess of net long-term		·	e 7)	17	
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	25.
Note: If losses exceed gains, see Capital loss	es in the instructions.		-		

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

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074 **2018**

> Attachment Seguence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

THOMAS A. RODO	<u>EKS JR.</u>	FAMILY F	OUNDATIO	N.			442439
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	atıon as Form 10	you received an 99-B Either will	y Form(s) 1099-E show whether yo	or substitute state ur basis (usually yo	ment(s) fro ur cost) wa	om your broker As as reported to the	substitute IRS by your
Part I Short-Term. Transactors, see page 2		tal assets you held	1 year or less are o	generally short term (s	ee instructi	ons) For long-term	
Note: You may aggregate a codes are required. Enter the							
You must check Box A, B, or C below. f you have more short-term transactions than v	Check only one be will fit on this page for o	OX. If more than one be one or more of the box	oox applies for your sho es, complete as many	ort-term transactions, conforms with the same box	nplete a separ checked as yo	ate Form 8949, page 1, ou need	for each applicable box
(A) Short-term transactions re	•	•	• .	•	e Note ab	ove)	
(B) Short-term transactions re	•	•	=	eported to the IRS			
X (C) Short-term transactions n (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the Note below and). See instructions	Subtract column (e from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FUNDAMENTAL							
PARTNERS III				-			32.
							
	<u> </u>						
	-						
	 						
·							
			<u> </u>			_	
		-					
		•					
							_
					_		
							
		1 (1.) ())		 			
2 Totals. Add the amounts in colu							
negative amounts) Enter each to Schedule D, line 1b (if Box A ab		-					
above is checked), or line 3 (if E							32.

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

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

Social security number or taxpayer identification no.

THOMAS A.	RODGERS	JR.	<u>FAMILY</u>	FOUNDATION
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04-3442439

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions) For short-term transactions,

Note: You may aggregate a							
codes are required Enter the You must check Box D, E, or F below.	Check only one bo	X. If more than one b	oox applies for your long	g-term transactions, comp	plete a separa	te Form 8949, page 2, fo	
If you have more long-term transactions than we (D) Long-term transactions re							
(E) Long-term transactions re		•	•	•	e Note an	ove)	
X (F) Long-term transactions no		•	-	sported to the mo			
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(c) (d) (e) Adju e sold or Proceeds Cost or other posed of (sales price) basis See the		loss If your column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FUNDAMENTAL							
PARTNERS III							<7.
,							
		<u> </u>			ļ		
					•		
				· · · · · · · · · · · · · · · · · · ·	 		
•				 			
	1	,		 			

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

< / .

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

Form 8949 (2018)