	Form	990-T	E	Exempt O						ax Returi	ո	OMB No 1545-0047
				-	•	xy tax und	er se	ection	6033(e))	1912		2019
			For cal	endar year 2019 or othe		·	otevoti		and ending	ation	-	2019
	Depart Interna	tment of the Treasury al Revenue Service	•	Do not enter SSN	•						, ,	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if address changed		Name of organizati	on (Chec	k box if name c	hanged	and see	instructions.)		(Empl	oyer identification number oyees' trust, see ctions)
	B Ex	kempt under section	Print THOMAS A. RODGERS JR. FAMILY FOUNDATION							04-3442439		
] 501()(O D) 408(e)	or Type	Number, street, and room or suite no. If a P O. box, see instructions. PO BOX 159							ated business activity code instructions)	
	E	408(e)220(e) 408A530(a)		City or town, state	or province, col	untry, and ZIP or	r foreig	n postal d	code		1	
		529(a)		NEWPORT,		840					525	990
	C Boo	ok value of all assets	20	F Group exemptio	n number (See i	nstructions.)	<u> </u>		Teast VI 1		\	1 100-1
	U Cas	28,309,4	28.	G Check organizati	on type	X 501(c) corp	oratioi	n	501(c) trust	401(a		Other trust
		ter the number of the d de or business here	-							the only (or first) ur complete Parts I-V		than one
		scribe the first in the b						nd II com		•		
		siness, then complete				,		,				•
		ring the tax year, was					nt-subs	idiary cor	ntrolled group?	> [Ye	s X No
		Yes," enter the name a e books are in care of					TT.V	FDN	Talanh	one number 🕨 4	01-	272-9100
				de or Busines		UK FAM	тпт) Income	(B) Expense		(C) Net
		Gross receipts or sale						,	,	* * * * * * * * * * * * * * * * * * * *		
22		Less returns and allow			c Balan	ce 🕨	1c				Ì	
02	2	Cost of goods sold (S	chedule	A, line 7)			2			•		
04	3	Gross profit. Subtract	line 2 fr	om line 1c			3			······································		
0-1		Capital gain net incom					4a		4,943.			4,943.
		Net gain (loss) (Form			h Form 4797)		4b					
		Capital loss deduction		artnership or an S corporation (attach statement) 5 827. STMT 1								827.
												02/•
17.1		Rent income (Schedu		e C) d income (Schedule E)								
202		Interest, annuities, roy			trolled organizat	ion (Schedule F)	8					
S		Investment income of			_						-	
#		Exploited exempt activ			() o. gacao		10					
		Advertising income (S	•				11					
Õ		Other income (See ins					12				,	
0	13	Total. Combine lines	3 throu	gh 12			13		5,770.			5,770.
SCANNED	Pa	rt II Deductio (Deductions	ns No	t Taken Else	where (See	instructions fo	r limita	ations or	deductions)			
3		(Deductions	must b	e directly connec	ted with the w	nrelated busin	ness in	icome)	·			
Z	14	Compensation of off	cers, di	rectors, and trustees	(300 alubanda) (33 (33 (33 (33 (33 (33 (33 (33 (33 (3	·					14	
တ္ထ	15	Salaries and wages				ഹവി					15	
Op.	16	Repairs and mainten	ance		NOV 23	3 Koro		•			16	
	17 18	Bad debts Interest (attach sche	dula) (c	ee instructions)	HO!						18	
	19	Taxes and licenses	yulo) (3	ce mandenona,	_	. IT		· <u>·</u>			19	
	20	Depreciation (attach	Form 45	562)	Ogde	m, or a	بدر در .		20			····
	21	Less depreciation cla					¥.	- Par a trans	21a		21b	
	22	Depletion /		*							22	
	23	Contributions to defe	rred co	mpensation plans							23	
	24	Employee benefit pro	grams								24	
	25	Excess exempt expe	nses (So	chedule I)							25	
	26	Excess readership co	sts (Sc	hedule J)							26	
	27	Other deductions (at						S	EE · STAT	EMENT 14	27	454.
	28	Total deductions. A									28	454.
	29	Unrelated business t							ie 13		29	5,316.
	30/	Deduction for net op	erating	loss arising in tax ye	ars beginning o	n or after Janua	ry 1, 20	J18			_	0
	1.	(see instructions)	ovoble :	nooma Cubtrast III	20 from line of	1					30	0. 5,316.
	<u>107</u>	Unrelated business t									<u> </u>	Form 990-T (2019)
	92370	1 01-27-20 LHA F	n rapel	WOIR INCUDURIOR AC	. MULICE, SEE INS	วเเนษเเปแล.	27	7			८٥	101111 330-1 (2019)
10	411	102 35200	04	3442439	2019	0.04030			A. RODO	SERS JR.	FAMI	1

	Aigois THOMAS A. RODGERS OR, FAMILI FOUNDATION	<u> 94</u> -	34464.	<i>39</i> Pagg 2
Per	INI Total Unrelated Business Taxable Insome			
32	Total of unrelated business texable income computed from all unrelated trades or businesses (see instructions)	32	5	,315.
33	Amounts paid for disallowed fringes	33		
34	Charidable conflictions (See Returning to Employee by Employees)	34	***************************************	O.
35	Total unfolded business taxable income before pre-2019 NOLs and specific deduction. Subtraction 34 from the own of knex 32 and 3.5. Enductional left but executions have account because heavising before indicated 1. 2018 (see instructions).	25	5	,316.
36	Deduction for het operating loss arising in lax years begittling before January 1, 2018 (see instructions)		5	,316.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from life 35	37		/
36	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	28	1	,000,
		-95		18891
39	Unidiated business taxable income: Subtract fine 38 from line 37. If fine 38 is greater than line 37,			g,
(As	enlet the smallet of zero of line 37	19		¥ 1
	t IV Tax Computation	46	· · · · · · · · · · · · · · · · · · ·	ġ.
49	Organizations Texable as Corporations. Multiply line 39 by 21% (0.21)	40		H .
41	Trusts Texable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from			
	Tax rate schedule or Schedule 0 (Form 1041)	41	 	
42	P10Fy 14x. See instructions	42		
43	Allet native minimizer (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
45	Total. Add fines 42, 43, and 44 to line 40 or 41, whichever amblies	45		0.
Par	IV Tax and Payments			
40 8	Foreign Lax credit (corporations atlash Form 1118; trusts atlash Form 1116) 468			
9	Other credits (see instructions) 469	1		
5	General busiless credit, Allacti Form 3800	- 1		
ø	Credit for phot year minimum tax (attach Form 6601 or 8827)			
	Tetal scents, Add lines 45a Ihrough 46d	468		
47	Subtract line 46e from line 45	47		Ø.
48	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8860 Other taxes schedule)	48		
49	folal tax. Add lines 47 and 48 (see instructions)	49		Ø,
50	2019 net 965 tax llability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0, 0,
	Payments: A 2018 overpayment credited to 2019			
	2019 estimated lax payments]		
	,	Ì		
	Backup withholding (see instructions)			
	Credit for small employer Realth insurance premiums (attach Form 8941)			
9	Officer cleditis, adjustments, and payments. Forth 2439			
	Form 4136 Offiel Total > \$19			
92	Total payments Add hiles 5 to through 51g	52		
93	Eshmated (au perially (see instructions). Check if Form 2220 is attached. 🕨 🛄	53		
94	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enlet amount owned	94		
5 5	Systpayment. It line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
96	Enler the amount of time 55 you want. Gredited to 2020 estimated tax.	99		
Per	1.VI Statements Regarding Certain Activities and Other Information (see instructions)			
67	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Y	'ss N g
	ovet a finalicial account (bank, securities, or efficit) 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 loreign country			
	ficte 🌬			X
58	During the lax year, did the organization receive a distribution from, or vias it the grantor of, or transferor to, a foreign trust?			7
	If Yes,' see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exembl interest received or ascrued during the lax year.		}	*
	Under penalty's of secury, I decise that I have examined the return including accompanying schoolies and statisticals, and to the best of my knowleading, and contains the penalty of penalty of the penalty in the penalty of the pena		utech locat	e e
Sign				
Hers	May Not All MCNI ///.7.70760 pagermania May		Pacusa tha rei Shawn fiolaw (s	
			X Yes	
			- 64	1 100
_	оправить в в в в в в в в в в в в в в в в в в в	1.500		
Pale	BASH BOR COA ADD DESCRIPTION FOR 1 /02/20	ÐA.	01896	39
	POIG E ANDERSON ENDING E DEPENDE 110		<u>-0479</u>	
Use	OHIV TRANSPORTER	<u> </u>	- 94! 3	188
		በ1 ብ	99.04	ስ ስ
Sunut e s			of materials	A T T T T TO A TOTAL TO SHALL THAT
923711	0 01-27 20	1	Form 990	* 1 (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valu	ation N/A					
1 Inventory at beginning of year	1		6 In	ventory at end of yea	ır		6	I	
2 Purchases	2		7 C	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		fr	om line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			lır	ne 2			7		
(attach schedule)	4a		8 D	o the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		pı	operty produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			e organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pers	onal Property	Leas	ed With Real Pro	per	ty)	
Description of property						,,			
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				3/a\Daduations dispath		atad with the income	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	re than	of rent for	personal pro	I property (if the percenta perty exceeds 50% or if on profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 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, colum	· · · · ·	nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	l Income (see	ınstructı	ons)					
				Gross income from allocable to debt-	7.	3. Deductions directly cor to debt-finant		perty	
1. Description of debt-f	inanced property			nanced property	(a)	Straight line depreciation (attach schedule)		(D) Other deduction (attach schedule)	s
(1)			+				+		
(2)							\top		
(3)		 					╅		
(4)							1		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6. (Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8, Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)	<u> </u>		1	%					
(2)				%			1		
(3)				%					
(4)				%				•	
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag- Part I, line 7, column (
Totals				>		0			0.
Total dividends-received deductions	ncluded in columi	n 8		•	-		-		0.

Schedule F - Interest, /	Annuitie	s, Royan	ties, an					atio	n s (see ins	truction	ns)	
			ļ	Exempt Controlled Organizations								
Name of controlled organizat	on	2 Empl identifica numb	ation		elated income instructions)		Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		connected with income	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organia	zations											
7. Taxable Income		nrelated income ee instructions)		9. Total	of specified pays made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	nization's		eductions directly connected h income in column 10	
(1)	-					- 1						
(2)						İ						
(3)						1						
(4)						<u> </u>						
							Add colum Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
-									0.		^	
Totals			\ !	5041-11	7) (0)	<u> </u>			U • J		0.	
Schedule G - Investme		me or a S	ection	501(C)(7), (9), or	(17) Or	ganization	1				
	iption of inco	me			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)				-		i i	. ,					
(2)						1						
(3)				-							 	
(4)											 	
(')					Enter here and Part I, line 9, co				l . <u>.</u>		Enter here and on page 1, Part I, line 9, column (B)	
					raiti, iiiie 9, co							
Totals						0.					0.	
Schedule I - Exploited (see instru		Activity	Income	e, Othei	r Than Ac	lvertisi	ng Income	•				
1. Description of exploited activity			3 Expenses directly connected with production of unrelated business income		4. Net incom from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						Î						
(2)						Î						
(3)	_					Î						
(4)						ĺ						
Totals -	Enter her page 1 line 10,		Enter here page 1, line 10, c	Part I,		•	•				Enter here and on page 1, Part II, line 25	
Schedule J - Advertision	na Inco		struction								1 0,	
Part I Income From I					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs		tising gain of 2 minus ain, comput arough 7	5. Circulat		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2) (3)												
(2)			-		_		 		_		· 1	
(3)			-				<u> </u>		}		- 1	
(4)			+-	_		-	+					
Totals (carry to Part II, line (5))	•	C).	0							0. Form 990-T (2019)	

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)	Ī						
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 26
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 (2019)

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

Capital Gains and Losses

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

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

OMB No 1545-0123

Employer identification number

THOMAS A. RODGERS	JR. FAMILY FO	UNDATION		04-	3442439
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax y	/ear [?]		Yes X No
If "Yes," attach Form 8949 and see its instru	ictions for additional requir	ements for reporting you	ır gaın or loss		
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	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					<u> </u>
Form(s) 8949 with Box C checked					
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-kini				5	
6 Unused capital loss carryover (attach comput			•	6	(
7 Net short-term capital gain or (loss). Combin	•	ı h		7	
Part II Long-Term Capital Gai					1
See instructions for how to figure the amounts			T		(1)
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)	(9) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9.	(ħ) Gain or (loss) Subtract 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					2 525
Form(s) 8949 with Box F checked					-3,537.
11 Enter gain from Form 4797, line 7 or 9				11	8,480.
12 Long-term capital gain from installment sales	·	7	ļ	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	e lines 8a through 14 in colum	n h		15	4,943.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ne	t short-term capital loss (line	e 7)	17	4,943.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns		18	4,943.
Note: If leaves exceed same see Constal Loc	social the instructions		•		

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

Schedule D (Form 1120) 2019

LHA

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. RODG	ERS JR.	FAMILY F	OUNDATION	1		04-3	442439
Before you check Box D, E, or F below statement will have the same information broker and may even tell you which is	ow, see whether	vou received any	v Form(s) 1099-B	or substitute stater	ment(s) fron ur cost) was	n vour broker. A s	ubstitute
Part II Long-Term. Transactions see page 1	ons involving capit	tions reported on f	Form(s) 1099-B show	wing basis was reporte	ed to the IRS	and for which no a	diustments or
codes are required Enter the You must check Box D, E, or F below	a totals directly on	Schedule D' line 8	a vou aren't require	ed to report these tran	sactions on F	Form 8949 (see inst	ructions)
If you have more long-term transactions than wil	Il fit on this page for or	ne or more of the boxe	es, complete as many fo	orms with the same box c	hecked as you	need	each applicable box
(D) Long-term transactions rep			-		e Note abov	ve)	
(E) Long-term transactions rep	•	•	•	eported to the IRS			
(F) Long-term transactions no	1			1 (2)	Adjustment	t, if any, to gain or	(L)
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	Cost or other basis See the Note below and see Column (e) in	loss. If you in column (enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
	}			the instructions	Code(s)	Amount of adjustment	with column (g)
RIVERVIEW						•	
STRATEGIC							
OPPORTUNITIES FUND						•	
Ī							<3,537.>
				1	-		
				1			<u> </u>
							
			-				
			-				
				_			
				 			
				+			
				 			
				+			
				1	 		
2 Totals. Add the amounts in columnegative amounts) Enter each to					,		-
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E	•		ļ				<3,537.>

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

923012 12-11-19 Form **8949** (2019)

FORM 990-T	INCOM	E (LOSS) FROM PA	RTNERSHIPS	STATEMENT	13
DESCRIPTION	•			NET INCOM	
FUNDAMENTAL PA FUNDAMENTAL PA FUNDAMENTAL PA	RTNERS III - NE RTNERS III - OT RTNERS III - IN TEGIC OPPORTUNI	DINARY BUSINESS T RENTAL REAL ES HER NET RENTAL I TEREST INCOME TIES FUND III -	TATE INCOME NCOME (LOSS)	2,7	38. 334. 050. 788.
	·	PAGE 1, LINE 5			327.
FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT	14
DESCRIPTION				AMOUNT	
OTHER DEDUCTIO	NS FUNDAMENTAL	PARTNERS		4	154.
TOTAL TO FORM	990-T, PAGE 1,	LINE 27		4	154.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	15
TAX YEAR LO	SS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/09 12/31/10 12/31/11 12/31/12 12/31/13	27,148. 12,128. 0. 17,282. 40,769.	27,148. 7,109. 0. 0.	0. 5,019. 0. 17,282. 40,769.	5,01 17,28 40,76	0. 32.
NOL CARRYOVER	AVAILABLE THIS	YEAR	63,070.	63,07	70.