Doo	uSign	Envelope ID 9132	9,3	C2-4AAB-B647-2EEFCA905AE					1912	7	29	
	Form	₁ 990-T	Ex	empt Organizatio) and proxy t)	n Bu ax ur	siness Inc der sectior	come ` 1 6033(Tax Retu e))	rh ' * -	OMB No 1545-0047	–	
		<i>*</i> ,	For cale	ndar year 2019 or other tax year be	ginning _	, 201	, and endi	ng,	20	2019	<u></u>	
	•	rtment of the Treasury	_	► Go to www.irs.gov/Form!					-	Open to Public Inspection for	າ ຕ	
	_	nal Revenue Service	D o	not enter SSN numbers on this for						Open to Public Inspection for 501(c)(3) Organizations Only yer identification number	7 %	
	A L	Check box if address changed		Name of organization (Chec	K DOX IT N	ame changed and se	e instruction	is)		ees' trust, see instructions)	ಟ	
	B Ex	empt under section		HENRY M ROWAN FAM	ILY F	OUNDATION,	DATION, INC.					
	Х	501(C)(3 ()	Print Number, street, and room or suite no. If a P.O. box, see instructions						22-36	55770	9	
		408(e) 220(e)	Type			ted business activity code tructions)	9					
		408A530(a)		PO BOX 157					(368 8115	it dections y	•	
		529(a)		City or town, state or province, co	•	ZIP or foreign postal	code			د ـــ		
		ook value of all assets end of year								900099		
				up exemption number (See insti								
			•	eck organization type X			501(c) trust	401(a) t		_ \	
				inization's unrelated trades or bus						(or first) unrelated		
	,			RTNERSHIP INVESTMENT			•	•		than one, describe the		
,		•		end of the previous sentence,	complet	e Parts I and II, co	mplete a S	schedule M for ea	ach addition	al		
		rade or business, the			££.1 4				`	▶ Yes X No	_	
		-		corporation a subsidiary in an a identifying number of the parent		- '	subsidiary (controlled group		▶ Yes X No		
				ANNING J SMITH, III	corporal	lion.	Telenhor	ne number ▶ 60	19-267-	9000	-	
	_	_		or Business Income		(A) Inco		(B) Expe		(C) Net	-	
	1a	_			1	(4) 11100		(C) Expe		(0) 1101	1	
	b	•		c Balance	• ► 1c			, , , , , , , , , , , , , , , , , , ,				
	2			ule A, line 7)	· · · · · ·			/	11	Far the same of the same	i	
	3			2 from line 1c						2 We 40 17 M		
	4a			ittach Schedule D)							-	
	b			Part II, line 17) (attach Form 4797)				ř	4		_	
	c			rusts	` —	-	/	-	,		_	
	5			r an S corporation (attach statement)		-1,2	9,067.	ATCH 1		-129,067	-	
	6		nedule C) 6								-	
	7			come (Schedule E)							-	
	8	Interest, annuities, roya	ities, and re	ints from a controlled organization (Schedul	e F) 8						_	
	9	Investment income of a	section 50°	1(c)(7), (9), or (17) organization (Schedule						-		
	10	Exploited exempt	activity in	ncome (Schedule I)	10						-	
	11		lule J)	/						_		
7	12	Other income (Se	e instruc	tions; attach schedule)	. 12			e Wy wat pr			-	
2021	13	Total. Combine lin	nes 3 thro	ough 12	. 13	-129	0,067.			-129,067	•	
2 8	Pai			Taken Elsewhere (See in ne unrelated business inco		ons for limitati	ons on d	leductions.) (Deductio	ns must be directly	-	
Δ.	14			directors, and trustees (Schedule					14	· · ·	_	
SE	15			/			ECE	VED	. 15	·	-	
_	16	Repairs and maint	tenance					6.1	. 16		-	
Ш	17	Bad debts	/	<i>.</i>			044.0 8	100	. 17		-	
SCANNED	18	Interest (attach so	hedule) ((see instructions)			07 2 7	2020 9	. 18		-	
F	19								. 19		-	
Ş	20	Depreciation (atta	ch Form	4562)		ΙΦ	ODEN	I UT			-	
(7)	21			on Schedule A and elsewhere o				·	21b			
	22	. /	Depletion							677,347	-	
	23										-	
	24										-	
	25			Schedule I)							-	
	2,6			chedule J)							-	
,	/27			chedule)							-	
_ (28			s 14 through 27						677,347.	_	
,	29			le income before net operati						-806,414.	_	
	30			g loss arısıng ın tax years begin	-						-	
	31			ncome. Subtract line 30 from l	_	•	•	, -		-806,414.	_	
	For F			otice, see instructions.						F 990 T (2040)		

Form	990-T (2019) HENRY M ROWAN FAMILY FOUNDATION, INC.	22-3655770		Page 2
Pai	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1		
	instructions)		306,	414
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line			
	34 from the sum of lines 32 and 33	35 -	306,	414
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -	306,	414
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,	000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39 -8	306,	414
Pai	t IV Tax Computation	V		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	T T		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	$\overline{}$		
Par	tV Tax and Payments	/ i /.		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other credits (see instructions)	1		
	General business credit. Attach Form 3800 (see instructions)	1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>		
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments: A 2018 overpayment credited to 2019			
	2019 estimated tax payments	1		
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d			
е	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments: Form 2439			
_	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want	56		
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions	s)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	ay have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country		
	here >			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		Х
	If "Yes," see instructions for other forms the organization may have to file	-		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of pertury. I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and beli	ef, it is
Sigr	true correction of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	45 - IDC 1	41.	
Her	. ■ A. · A C :	y the IRS discuss h the preparer sh		
			s	No
	Print/Type preparer's name Preparer's signature Date Cheek	PTIN	•	يتست
Paid	MICHAEL S JACKSON / 11/10/2020 self-el	mployed P002	3668	4
Prep	arer Firm's name GRANT THORNTON LLP	EIN ▶ 36-605		
use		no 215-561-4		

HENRY M ROWAN FAMILY FOUNDATION, INC. 22-3655770 Page 3 Form 990-T (2019) Schedule A - Cost of Goods Sold. Enter method of inventory valuation > Inventory at beginning of year. Cost of goods sold. Subtract line Purchases 2 3 Cost of labor 6 from line 5 Enter here and in Part 4a Additional section 263A costs Yes No (attach schedule) 4a Do the rules of section 263A (with 4b property produced or acquired for resale) apply **b** Other costs (attach schedule) . Х Total. Add lines 1 through 4b . 5 to the organization? . Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent 3(a) Deductions directly connected with the income (b) From real and personal property (if the for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total Income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) ▶ Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions acquisition debt on or of or allocable to 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 property (attach schedule) 3(a) and 3(b)) (attach schedule) % (1) % (2) (3) %

%

Enter here and on page 1, Part I, line 7, column (A)

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(4)

Total dividends-received deductions included in column 8 . . .

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
Exempt Controlled Organizations											
Name of controlled organization	1 1		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		included	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)	-										
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)						Ī					
(4)											
Totals	ncome of a Sec	 ction 50)1(c)(7),	(9), or (17		Ente Par	r here and on I, line 8, colu n (see ins	page 1, ımn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)	
1. Description of income	2. Amount of	income		3. Deductive cor directly cor (attach sch	nected			et-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, co	olumn (A)		an Adverti	sing In		see instru	ictions))	Enter here and on page 1, Part I, line 9, column (B)	
1. Description of exploited activity	activity 2. Gross unrelated business income from trade or unrelated business income from trade or unrelated business income from trade or unrelated lf a gain,		4. Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	column (column 3) from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)				<u> </u>				<u> </u>		+	
(2)								 		 	
(3)			-					 			
(4)										 	
Totals	Enter here and on page 1, Part I, line 10, col (A)	page '	ere and on I, Part I, , col (B)				I			Enter here and on page 1, Part II, line 25	
Schedule J-Advertising In											
Part I Income From Peri	odicals Report	ed on a	Consoli	idated Bas	is						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Adverting an or (los: 2 minus con a gain, cor cols 5 thro	ertising oss) (col col 3) If compute		5. Circulation income		ership s	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								1			
(2)										1	
(3)									-	 	
(4)			-								
										1-	
Totals (carry to Part II, line (5))										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 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 readershi costs (column 6 minus column 5, bu not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			1, marine	the market of the test	A. Property	
Totals, Part II (lines 1-5) ▶	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

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

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

Form 990-T (2019)

22-3655770

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

RSTACK LLC

-129,067.

INCOME (LOSS) FROM PARTNERSHIPS

-129,067.