Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))) <u> </u>	OMB No. 1545-0047	
		l)			2019
		For cal	lendar year 2019 or other tax yea	r beginning .irs.gov/Form990T for ins		, and ending	nform of	0.0	—·	20 19
Internal	nent of the Treasury Revenue Service	•	Do not enter SSN numbe	rs on this form as it may	be mad	e public if your or	ganizati		50	pen to Public Inspection for 01(c)(3) Organizations Only er identification number
A	Check box if address changed		Name of organization (Check box if name ch	nanged a	ınd see instructioi	18.)		(Employinstructi	ees' trust, see
	empt under section	Print	THE WINTHRO	P ROCKEFELLE	ER F	OUNDATIO	N			-0285871
X	501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. 108(e) 220(e) STREET, NO. 200						ed business activity code tructions.)			
	408(e) 220(e)	',,,,,							-	
H	408A530(a) 529(a)		City or town, state or prob LITTLE ROCK		toreign	postal code			5259	9.0
C Bool			F Group exemption numb	per (See instructions.)	>				5255	
at er	146,819,8	62.	F Group exemption number G Check organization type	E ► X 501(c) corp	oration	501(c)	trust	401(a)) trust	Other trust
H Ent	er the number of the o	organiza	tion's unrelated trades or b	usinesses.	1	De	scribe th	e only (or first) ur	related	
	e or business here 🕨						-	omplete Parts I-V.		
		-	ce at the end of the previou	is sentence, complete Par	rts I and	II, complete a Sc	hedule M	I for each addition	al trade o	r
	iness, then complete		<u>-V.</u> oration a subsidiary in an a	offiliated group or a parag	t ouboid	ion, controlled an	0		Vac	X No
			tifying number of the paren		ı-subsiu	iary controlled gro	oupr	> [Yes	A NO
			ANDREA M. DO	•			Telephon	e number 🕨 (501)	376-6854
			de or Business Inc			(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or sale	S								
	ess returns and allow			c Balance ►	1c					
			A, line 7)		2					
	Gross profit. Subtract		h Schedule D)		3 4a					
			art II, line 17) (attach Form		4b					_
			sts		4c					-
			ship or an S corporation (at		5	-6,03	33.	STMT 1	17	
	Rent income (Schedu	, .			6					
			ne (Schedule E)		7					
			nd rents from a controlled o	· .	8					
			on 501(c)(7), (9), or (17) on me (Schedule I)		9 10					
			; J)		11					
			ıs; attach schedule)		12					
13	Total. Combine lines	3 throu	gh 12		13	-6,03	33.			-6,033.
Par			ot Taken Elsewher be directly connected wi	(See instructions for	r limitat		ons.)			
14	<u> </u>		<u> </u>			<u> </u>			14	
14 15			rectors, and trustees (Sche						15	
16									16	_
17									17	
18	Interest (attach sche	dule) (s	ee instructions)						18	
19									19	
20			562)						045	
21 22			n Schedule A and elsewher						21b 22	
23			mpensation plans						23	
24									24	
25			chedule I)						25	
26	Excess readership co	osts (Sc	hedule J)						26	
27		deductions (attach schedule)						27		
28	Intal deductions. A	ad lines	14 through 27nome before net operating	Loca daduation Cubtrant	line OO	from line 10			28	-6,033 .
29 30			ncome before net operating loss arising in tax years beg						29	0,033.
55							TATE	MENT 18	30	0.
31	Unrelated business t	axable ii	ncome. Subtract line 30 fro	m line 29					31	-6,033.
923701	01-27-20 LHA F 0	r Paper	work Reduction Act Notice	, see instructions.						Form 990-T (2019)

	O-T(2019) THE WINTHROP ROCKEFELLER FOUNDATION		71-0	285871 Page 2
Part	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructi	ons)	32	-6,033.
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)		34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from 1		35	-6,033.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		38	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	-6,033.
portes:	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.	
38			30	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, if line 38 is greater than line 37,			6 022
Dort	enter the smaller of zero or line 37	**********	39	-6,033.
-				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	0 -
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39			
	Tax rate schedule or Schedule D (Form 1041)		41	
42	Proxy tax. See instructions		42	
43	Alternative minimum tax (trusts only)	Continues of the state of the s	43	
44	Tax on Noncompliant Facility Income. See instructions	Anna Carlos de C	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part	V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118) 48a			
	LIMITA IN CONCESSION OF THE PERSON OF THE PE			
	General business credit. Attach Form 3800 46c			
· ·	Condit for acing upper atinity and to (without Energy 2001 or 2007)		1	
Q	Credit for prior year minimum tax (attach Form 8801 or 8827) 48d		40.	
	Total credits. Add lines 46a through 46d	Market Market I I I I I I I I I I I I I I I I I I I	48e	0.
47	Subtract line 46e from line 45	Tan	47	· ·
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Form 8866		48	
49	Total tax. Add lines 47 and 48 (see instructions)		49	0.
50	2019 not 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
	Payments: A 2018 overpayment credited to 2019 51a			
b	2019 estimated tax payments 51b	1,700.		
G	Tax deposited with Form 8868 51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d			
	Backup withholding (see instructions) 51e			
	Credit for small employer health insurance premiums (attach Form 8941) 511		1	
a	Other credits, adjustments, and payments: Form 2439			
*	☐ Form 4136 ☐ Other Total ▶ 51a			
52	Total payments. Add lines 51a through 51g		52	5,700.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	971911010111111111111111111111111111111	53	3,,000
53			Secretary Sections	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	5,700.	
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
58	Enter the amount of line 55 you want; Credited to 2020 estimated tax		56	2,850.
Part				
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other a			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	untry		
	hare >			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o, a foreign trust?		X
	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 penaltics of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my knowle	dge and belief	, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	To the same of the		
Here	11-12-2021 COPO			cuss this return with
	Signature of officer Date Title		structions)?	Control of the Contro
	- I we see the second of the s			1100
	Print/Type preparer's name Preparer's signature Date		if PTIN	
Paid		self- employed	DAA	174819
	Preparer			
Use Only Firm's name ► LANDMARK PLC, CPAS Firm's EIN ►				0355269
	201 EAST MARKHAM, SUITE 500	I MAN ENGLISHED THE SEASON THE SE	E011	275 2425
-	Firm's address LITTLE ROCK, AR 72201	Phone no. (375-2025
923711	01-27-20	181	[C.	orm 990-T (2019)

FORM 990-T	INCO	ME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 17
DESCRIPTIO	N			NET INCOME OR (LOSS)
SJF VENTUR SJF VENTUR	27 -6,060			
	-6,033			
TOTAL INCL	UDED ON FORM 990-T	, PAGE 1, LINE 5		-0,033
			APPLICATION	
TOTAL INCL		, PAGE 1, LINE 5 OPERATING LOSS I	DEDUCTION	STATEMENT 18
			DEDUCTION LOSS REMAINING	
FORM 990-T	NET	OPERATING LOSS I LOSS PREVIOUSLY	LOSS	STATEMENT 18 AVAILABLE

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 19
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11 12/31/12	7,476. 39,722.	5,5 4 9.	1,927. 39,722.	1,927. 39,722.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	41,649.	41,649.