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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf 06/30, 2015For calendar year 2014 or tax year beginning 07/01 , 2014, and ending Name of foundation A Employer identification number ROSEWOOD FOUNDATION 2045748304 43-6348906 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 7707 FORSYTH BLVD. 314-746-4679 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here SAINT LOUIS, MO 63105 Initial return G Check all that apply: Initial return of a former public charity 1 Foreign organizations, check here -Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method | X Cash | Accrual Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), line under section 507(b)(1)(B), check here _ -(Part I, column (d) must be on cash basis) *16)* ▶ \$ 8,795,289 (d) Disbursements Part | Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per ıncome income purposes may not necessarily equal the amounts in hooks (cash basis only) column (a) (see instructions)) 720,409 Contributions, gifts, grants, etc., received (attach schedule) If the foundation is not required to attach Sch B Check > 3 Interest on savings and temporary cash investments-141,062 141,062 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 1,571,072 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 8,929,678 assets on line 6a 1,571,072 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. . . Income modifications . 10a Gross sales less returns and allowances . . . **b** Less Cost of goods sold c Gross profit or (loss) (attach_schedule) \circ Other income (attach schedule) 11 Total Add lines 1 through 11 NOV-1 1-2015 25432,543 1,712,134 12 ဟ်| 42,242 38,018 Compensation of officers, directors, trustees, etc . . Expenses 14 Pension plans, employee benefits 15 16a Legal fees (attach schedule) b Accounting fees (attach schedule) Administrative c Other professional fees (attach schedule) . . . Taxes (attach schedule) (see instructions. 1. 17,921 1.455 18 19 Depreciation (attach schedule) and depletion. 20 and ' 21 Travel, conferences, and meetings Printing and publications 22 Operating a 63 Other expenses (attach schedule) STMT. 2. 63 Total operating and administrative expenses 60,226 39,536 Add lines 13 through 23. 286,000 286,000 Contributions, gifts, grants paid 2,346,226 2,290, Total expenses and disbursements Add lines 24 and 25 .536 26 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements . . 86,317 1.672.598 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

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2045748304

Form 990-PF (2014) 43-6348906 Page 2

_		Balance Charte	Attached schedules and amounts in the	Beginning of year	End o	of year
	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2	Savings and temporary of	cash investments	205,277.	97,583.	97,583
	3	Accounts receivable 🕨				
		Less allowance for doub	otful accounts			
		Less allowance for doub	otful accounts -			
	5	Grants receivable				<u> </u>
	6	Receivables due from	officers, directors, trustees, and other			
	l	•	ach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) 🕨			
			otful accounts			
şţs	8	Inventories for sale or us	e			
Assets	9	Prepaid expenses and de	eferred charges		<u> </u>	
•	iva		government obligations (attach schedule)		5 000 450	0.605.506
	l .		stock (attach schedule)	5,928,434.	6,082,472.	8,697,706
	11 °	Investments - corporate Investments - land, building	bonds (attach schedule)			
	''	and equipment basis		-		
		Less accumulated deprecia (attach schedule)	´			
	12	Investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and	ch schedule)			
	' '	equipment basis Less accumulated deprecia	tion			
		(attach schedule)	´			
			completed by all filers - see the			
			age 1, item I)	6,133,711.	6,180,055.	8,795,289.
_			ccrued expenses	0,133,711.	0,100,033.	0,733,203
	1					
s						
Ë	20		rs, trustees, and other disqualified persons		,,	
Ē	19 20 21 22		tes payable (attach schedule)			
ؾ	22		: ▶)			
		,				
	23	Total liabilities (add line	s 17 through 22)		NONE	
			ow SFAS 117, check here . ▶ 🔠			
S		and complete lines 2	4 through 26 and lines 30 and 31.			
alances	24					-
ala	25	Temporarily restricted				-
В	26	Permanently restricted .				
逜	1		not follow SFAS 117, ▶ 🗓			
5	l .		plete lines 27 through 31.	(122 711	C 100 OFF	
ţ	27		ipal, or current funds	6,133,711.	6,180,055.	
SSe	28		land, bldg , and equipment fund			-
t A	29	•	ated income, endowment, or other funds	6,133,711.	6,180,055.	-
ž	30		i balances (see instructions)	<u> </u>	0,100,033.	
	31		ilet assets/fullu balances (see	6,133,711.	6,180,055	
Б	art III		nges in Net Assets or Fund Bala		0,100,033	·I
_			palances at beginning of year - Part		nust agree with	
•			d on prior year's return)			6,133,711.
2						86,317.
3	Othe	er increases not includ	line 27a led in line 2 (ıtemıze) ► SEE STAT	TEMENT 3	3	14,150.
						6,234,178.
5	Deci	eases not included in	line 2 (ıtemize) ► SEE STAT	TEMENT 4	5	54,123.
			alances at end of year (line 4 minus li			6 180 055

Forr	n 990-PF (2014)					Page 3
Pa		and Losses for Tax on Inve		(b) How	(-) Data	
		d describe the kind(s) of property sold (rick warehouse, or common stock, 200		acquired P - Purchase	(c) Date	(d) Date sold (mo , day, yr)
_	PUBLICLY TRADED		siis WEC CO /	D - Donation	(mo , day, yr)	,,,,,,,,
<u>1a</u>	PORFICEI INAMED	SECURITIES				
<u>ь</u>						
ď		· · · · · · · · · · · · · · · · · · ·				
e						
	4.3.0	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	oss)
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	ns (d)
_a	8,929,678.		7,358,606.		1	,571,072.
<u>b</u>						
_ <u>c</u>						
<u>d</u>						
<u>e</u>	0 11 1 ((1)	hh f			
	Complete only for assets s	thowing gain in column (h) and owned			Gains (Col. (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (i), if any	"	Losses (from co	
			3,7,1,21,7		<u>_</u>	571,072.
_ <u>a</u> b					<u> </u>	371,072.
c						
d						_
е						
_	Carital asia ast issues a	(If	gain, also enter in Part I, line 7			
2	Capital gain net income of	(II	(loss), enter -0- in Part I, line 7	2	1	<u>,571,072.</u>
3		in or (loss) as defined in sections 1				
		art I, line 8, column (c) (see inst				
				3		
_		nder Section 4940(e) for Red				
(FO	r optional use by domestic	private foundations subject to the	section 4940(a) tax on het investin	nent inco	ine)	
lf e	ection 4940(d)(2) applies,	leave this part blank				
	cotion 4040(d)(2) applies,	leave this part blank				
Wa	s the foundation liable for	the section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d?	Yes X No
If "۱	Yes," the foundation does r	not qualify under section 4940(e). I	Do not complete this part	·	<u> </u>	
1	Enter the appropriate am	ount in each column for each year,	see the instructions before making	g any ent	ries	
	(a) Base period years	(b)	(c)		(d) Distribution ra	nt 10
Ca	lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	ļ	(col (b) divided by	col (c))
	2013	2,070,723.	8,921,870.			0.232095
	2012	1,902,544.	9,088,123.	ļ		0.209344
	2011	1,738,416.	7,763,328.			0.223927
	2010	1,666,362.	7,527,110.			0.221381
_	2009	1,469,314.	7,735,724.	 		0.189939
2	Total of line 4 and one - 1-1	n		2		1.076686
		l)		-	-	1.070000
3	-			3		0.215337
	number of years the loun	idation has been in existence if less	stilaii 5 years	-		0.213337
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	m Part X line 5	4	9	, <u>1</u> 51,875.
•	Enter the net value of not	mentantable ase assets for 2014 no				
5	Multiply line 4 by line 3			5	1	,970,737.
•						
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		16,726.
-				-	·	
7	Add lines 5 and 6			7	1	,987,463.
8	Enter qualifying distributi	ons from Part XII, line 4		8		,290,224.
	If line 8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions)
	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		16,7	26.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2				
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 Add lines 1 and 2		16,7	26.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			ONE
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0		16,7	
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 21,576 .			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		21,5	76.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4,8	50.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 4,850. Refunded ▶ 11			
Par	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign ⁷	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	İ		
	Instructions for the definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	٦.		
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_		37
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	_	X	
_	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MO			
_			i	
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8ь	x	
9	(or designate) of each state as required by General Instruction G^2 If "No," attach explanation	<u> </u>	 	
3	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	1		
	complete Part XIV	9		Х
10				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses		O DE	

6

b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Х

3b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
Total designation of the second secon	NONE
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	of Expenses
1NONE	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	<u> </u>
2	
3	_
	_
4	<b></b>
Deat IV D. Common of Drawnon Deleted Investments (see instructions)	
Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
	-
	-
2	
All other program-related investments. See instructions	
3 NONE	
	_
Total. Add lines 1 through 3	<b>&gt;</b>
	Sarm 990-PF (2014

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	9,251,395.
b	Average of monthly cash balances	1b	39,849.
С	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	9,291,244.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	9,291,244.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	139,369.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,151,875.
6	Minimum investment return. Enter 5% of line 5	6	457,594.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	457,594.
2а	Tax on investment income for 2014 from Part VI, line 5	.   -	
b	Income tax for 2014 (This does not include the tax from Part VI).	-2.	
C	Add lines 2a and 2b	2c	16,726.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	440,868.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	440,868.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	440,868.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	2,290,224.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,290,224.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	16,726.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,273,498.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when co	alculating	
	qualifies for the section 4940(e) reduction of tax in those years		•

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	n 990-PF (2014)  It XIII Undistributed Income (see Instru	ictions)		<del>"</del>	
Га	T XIII Ondistributed income (see institu	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
•	line 7	*			440,868.
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			NON	E
b	Total for prior years 20_12_,20,20		NONE		
3	Excess distributions carryover, if any, to 2014				
а	From 2009 1,091,456.				
b	From 2010				
C	From 2011 1,363,844.				
	From 2012 1,491,286.				
е	From 2013				_
	Total of lines 3a through e	6,912,503.			
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$2,290,224				
а	Applied to 2013, but not more than line 2a			NON	E ·
b	Applied to undistributed income of prior years			est.	
	(Election required - see instructions)		NONE		1, 1,
c	Treated as distributions out of corpus (Election			The state of the s	
	required - see instructions)	NONB	· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	Applied to 2014 distributable amount				440,868.
е	Remaining amount distributed out of corpus	1,849,356.		· · · · · · · · · · · · · · · · · · ·	<u> </u>
5	Excess distributions carryover applied to 2014	NONB		A S TABLE TO	NONE
	(If an amount appears in column (d), the same amount must be shown in column (a) )		•,	,	***
6	Enter the net total of each column as			***	
	indicated below:	0 561 050		(3 - T	2.
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,761,859.			<del>  ` `                                 </del>
b	Prior years' undistributed income Subtract		MONT		
	line 4b from line 2b  Enter the amount of prior years' undistributed		NONE	-	
٠	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable		NONE		
e	amount - see instructions		NONE	· · · · · · · · · · · · · · · · · · ·	
	4a from line 2a Taxable amount - see			NON	FI
	instructions			11011	<del></del>
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2015				NONE
7	Amounts treated as distributions out of corpus		-		
,	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2009 not				
-	applied on line 5 or line 7 (see instructions)	1,091,456.			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	7,670,403.			
10	Analysis of line 9				
а	Excess from 2010 1,308,640.				
b	Excess from 2011 1,363,844.				
С	Excess from 2012 1,491,286.				
d	Excess from 2013 1,657,277.				
e	Excess from 2014 1,849,356.				
					Form 990-PF (2014)

Par	t XIV Private Ope	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABI
	If the foundation has			•	eting	
	foundation, and the ruling	j is effective for 2014, en	ter the date of the ruling		▶[	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 494	2(j)(3) or 4942(j)(5
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(0) 10101
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed .					
	Amounts included in line 2c not		<del>-</del>	-		
	used directly for active conduct					
	of exempt activities		·	* .		
-	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c				<u> </u>	
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets			-		
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)				<del></del>	_ <del>-</del>
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as			i		
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization					
Par		tary Information (	Complete this part	only if the found	ation had \$5 000	O or more in asset
×.		during the year - s		. Omy in the round	deloii 11da 40,000	
1	Information Regarding	<del></del>				
	List any managers of	_		e than 2% of the tota	I contributions rece	eived by the foundatio
_	before the close of any	tax year (but only if th	ney have contributed r	nore than \$5,000) (Se	ee section 507(d)(2)	)
	N/A					
h	List any managers of	the foundation who	own 10% or more o	f the stock of a corn	oration for an equa	ally large portion of th
	ownership of a partner					iny large portion of th
	ownership of a partitor	simp of outer citary, or	windir the realisation	inds a 1070 or greater	mtorost	
	27 / 2					
	N/A Information Regarding	Canada badian Carat	0:4 1 0-11			
2				•		
	Check here ▶ if the	he foundation only	makes contributions	to preselected chara	table organizations	and does not accep
	unsolicited requests for			ants, etc. (see instruct	tions) to individuals	or organizations unde
	other conditions, comp			<del></del>		
а	The name, address, and	d telephone number o	r e-mail address of the	person to whom app	lications should be a	addressed
	SEE STATEMENT 5	<u> </u>				
b	The form in which app	lications should be sul	omitted and information	on and materials they s	should include.	
	SEE ATTACHED ST	TATEMENT FOR LI	INE 2			
С	Any submission deadling	nes:	<del></del>			
	SEE ATTACHED ST	TATEMENT FOR LI	INE 2			
d	Any restrictions or li	mitations on awards,	such as by geogra	phical areas, charital	ble fields, kinds o	f institutions, or other
	factors:	· <b>,</b>	, 5	•	,	•
	SEE ATTACHED ST	PATEMENT FOR I	NE 2			
SA		TITELETINE FOR DI	.1111 4	<del></del>		Form 990-PF (2014
10		0/15/2015 13:59	2.42	0045740204		12 -
	CN1704 2/2K T	1/ T3/ Z0 T3 T3:5;	7:43 2	2045748304		12 -

Part XV Supplementary Information (				
3 Grants and Contributions Paid Durin	g the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 29			]	2,286,000.
i				
	1			
				i
	:			1
			ļ	
	•			
				Į
Total			▶ 3a	2,286,000.
b Approved for future payment				
			<u> </u>	
Total	<u> </u>	<u> </u>	▶ 3b	

Part XVI-	Analysis of Income-Produ	cing Activ	vities			
Enter gross a	imounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•				<del>-</del>		(Occ mandenons )
				<del>                                     </del>		
				<del></del>		
е ——						
f			_			
g Fees a	and contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest or	savings and temporary cash investments					<del></del>
4 Dividend	s and interest from securities			14	141,062.	
5 Net renta	il income or (loss) from real estate					
a Debt-f	financed property			<u> </u>		
	ebt-financed property					
	income or (loss) from personal property .					
7 Other Inv	restment income					
8 Gain or (lo	oss) from sales of assets other than inventory			18	1,571,072.	
9 Net incor	me or (loss) from special events					
-	ofit or (loss) from sales of inventory					
	venue a					
ь				<del> </del>	<u> </u>	
·						<u> </u>
e	Add advance (E) (d) and (e)				1,712,134.	
	Add columns (b), (d), and (e) Id line 12, columns (b), (d), and (e)					1,712,134.
	eet in line 13 instructions to verify calcu					
Part XVI-			complishment of Ex	empt Purp	oses	
Line No.						
	Explain below how each activit					
▼	accomplishment of the foundation	on s exemp	t purposes (other than	by providing	g tunds for such purposes	s) (See instructions )
			<del>-</del>			
		<del> </del>		-		-
	_					
	_		<del></del>			
			NOT APPLICABL	E		
					<del></del>	
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			<del></del>			
	<del></del>					

Form 990-PF (					43-6348906	Page <b>13</b>
Part XVII	Information R Exempt Orga	legarding Tra nizations	ansfers To and T	Transactions -	s and Relationships With No	ncharitable
ın sec				_	ith any other organization described in section 527, relating to political	
	fers from the reportin					V V
	transactions					. 19(2)
(1) Sa	ales of assets to a non	icharitable exem	pt organization			. 1b(1) X
(2) Pu	irchases of assets fro	m a noncharitab	le exempt organizat	ion		1b(2) X
						1 1 1
d If the	answer to any of th	ne above is "Ye	s," complete the fo	ollowing sched	ule. Column (b) should always sho	ow the fair market
	-		· ·	. •	ation If the foundation received les	
(a) Line no	(b) Amount involved		gement, show in co		value of the goods, other assets, or (d) Description of transfers, transactions, and s	<del></del>
(a) Line iio	(b) Amount involved	(c) Name of it	onchantable exempt orga	iiiizatioii (	u) Description of transfers, transactions, and s	naming arrangements
					· · · · · · · · · · · · · · · · · · ·	
					· <del></del>	
		<u> </u>				
		<del> </del>			·	
		<del>                                     </del>	<u></u>			
		<del></del>	2			
					r more tax-exempt organizations	
	bed in section 501(c) s," complete the follow		ther than section 50	1(c)(3)) or in s	ection 527 ⁷	Yes X No
<u> </u>	(a) Name of organizatio		(b) Type of or	ganization	(c) Description of relation	onship
Unde	er penalties of perjury, I decla		ned this return, including ac	companying schedul	les and statements and to the best of my knowle	edge and belief, it is true,
Sign Corre	ect, and complete Declaration of	preparer (other than ta	expayer) is based on all inform	nation of which prepar		100 4
Here Su	glunde	- For CT	11/3	<u> /(5</u> 🕨		IRS discuss this return preparer shown below
Sig	Mature of officer or trustee	•	Date /	Title	(see instruc	tions)? X Yes No
	Print/Type preparer's na		Areilarer's signature	01.0	Date Chack if	PTIN
Paid	WESLEY HIRSO		Westing	Hullen	Date Check If Information Info	P00162244
Preparer		NST & YOUN	G U.S. LLP	want nig		-6565596
Use Only	Firm's address ► 15	5 N. WACKE		<i>y</i>		
	CH	IICAGO, IL		60606		879-2000
					I	Form <b>990-PF</b> (2014)

### Schedule B

(Form 990, 990-EZ,

or 990-PF)

Name of the organization

## Schedule of Contributors

▶ Attach to Form 990. Form 990-EZ, or Form 990-PF.

Employer identification number

OMB No 1545-0047

Department of the Treasury

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

ROSEWOOD FOUNDATION 2045748304 43-6348906 Organization type (check one) Filers of: Section Form 990 or 990-EZ 501(c)( ) (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 X 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusivelyreligious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number 43-6348906

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution ___1_ KATIE ROSE MCCLENDON Person **Payroll** 7707 Forsyth Blvd 50,590. Noncash (Complete Part II for St. Louis, MO 63105 noncash contributions) (a) (c) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 KATIE ROSE MCCLENDON ___2_ Person **Payroll** 7707 Forsyth Blvd 347,806. Noncash (Complete Part II for St. Louis, MO 63105 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution KATIE ROSE MCCLENDON ___3_ Person **Payroll** 7707 Forsyth Blvd 44,266. Noncash (Complete Part II for St. Louis, MO 63105 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution __4__ KATIE ROSE MCCLENDON Person **Pavroll** 7707 Forsyth Blvd. \$ _____115,867. Noncash (Complete Part II for St. Louis, MO 63105 noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution ___5_ KATIE ROSE MCCLENDON Person **Payroll** 7707 Forsyth Blvd. 82,758. Noncash (Complete Part II for St. Louis, MO 63105 noncash contributions ) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. ___6_ KATIE ROSE MCCLENDON Person **Payroll** 7707 Forsyth Blvd. \$ _____204,325. Noncash (Complete Part II for St. Louis, MO_ 63105 noncash contributions )

Employer identification number 43-6348906

Part I	Contributors (see instructions) Use duplicate copies of Par	t I if addıtional space is nee	ded
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
7-	KATIE ROSE MCCLENDON  7707 Forsyth Blvd  St. Louis, MO 63105	\$ <u>163,460.</u>	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KATIE ROSE MCCLENDON  7707 Forsyth Blvd  St. Louis, MO 63105	\$ <u>20,432.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	KATIE ROSE MCCLENDON  7707 Forsyth Blvd.  St. Louis, MO 63105	\$ <u>173,157.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	KATIE ROSE MCCLENDON  7707 Forsyth Blvd.  St. Louis, MO 63105	\$ <u>234,790.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	KATIE ROSE MCCLENDON 7707 Forsyth Blvd. St. Louis, MO 63105	\$61,122	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	KATIE ROSE MCCLENDON 7707 Forsyth Blvd. St. Louis, MO 63105	\$ <u>18,807.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 43-6348906

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
13	KATIE ROSE MCCLENDON 7707 Forsyth Blvd. St. Louis, MO 63105	\$14,105	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	KATIE ROSE MCCLENDON  7707 Forsyth Blvd.  St. Louis, MO 63105	\$32,912.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	KATIE ROSE MCCLENDON 7707 Forsyth Blvd. St. Louis, MO 63105	\$ <u>23,287.</u> _	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  KATIE ROSE MCCLENDON  7707 Forsyth Blvd.	Total contributions	Person Payroll Noncash (Complete Part II for
No16	Name, address, and ZIP + 4  KATIE ROSE MCCLENDON  7707 Forsyth Blvd.  St. Louis, MO 63105  (b)	\$9,703	Person Payroll Noncash (Complete Part II for noncash contributions)
No. 16	Name, address, and ZIP + 4  KATIE ROSE MCCLENDON  7707 Forsyth Blvd.  St. Louis, MO 63105  (b)  Name, address, and ZIP + 4  KATIE ROSE MCCLENDON  7707 Forsyth Blvd.	\$9,703	Person Payroll Noncash (Complete Part II for noncash contributions)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Employer identification number 43-6348906

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	KATIE ROSE MCCLENDON 7707 Forsyth Blvd. St. Louis, MO 63105	\$40,865	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20_	KATIE ROSE MCCLENDON  7707 Forsyth Blvd.  St. Louis, MO 63105	\$ <u>14,105.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.		Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 43-6348906

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	ivoncash Property (see instructions) Use duplicate copies of	rant ii ii addittonar space is nee	ueu
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	400 SHARES APPLE, INC COST BASIS EQUALS \$11,472.00	50,590.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	2,750 SHARES APPLE, INC. COST BASIS EQUALS \$79,702.82	\$\$347,806.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	350 SHARES APPLE, INC. COST BASIS EQUALS \$4,482.38	   \$44,267.	_06/15/2015_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4_	300 SHARES BIOGEN, INC COST BASIS EQUALS \$62,704.23	 	
		\$115,868.	_06/15/2015_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5_	750 SHARES CELGENE CORP COST BASIS EQUALS \$46,241.25	   \$ 82,759.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6_	5000 SHARES DELTA AIRLINES, INC COST BASIS EQUALS \$118,118.00		
	<b></b>	204,325.	06/15/2015

2045748304

Employer identification number 43-6348906

15 05 1

## 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
7_	4,000 SHARES DELTA AIRLINES, INC COST BASIS EQUALS \$102,894.00		
		\$ 163,460.	_06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8_	500 SHARES DELTA AIRLINES, INC COST BASIS EQUALS \$13,899.95		
		\$ 20,433.	_06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9_	1,475 SHARES GILEAD SCIENCES, INC COST BASIS EQUALS \$41,948.63		
		\$173,158.	_06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10_	2,000 SHARES GILEAD SCIENCES, INC. COST BASIS EQUALS \$56,879.50		
		\$\$34,790.	_06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11_	650 SHARES KANSAS CITY SOUTHERN COST BASIS EQUALS \$25,635.42		
		\$61,123.	_06/15/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	200 SHARES KANSAS CITY SOUTHERN COST BASIS EQUALS \$8,288.00		
	,		

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization ROSEWOOD FOUNDATION 2045748304

**Employer identification number** 

43-6348906

Part II	Noncash Propert	y (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
13_	150_SHARES_KANSAS_CITY_SOUTHERN COST_BASIS_EQUALS_\$7,285.33	\$ 14,105.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) - FMV (or estimate) (see instructions)	(d) Date received
14_	350 SHARES KANSAS CITY SOUTHERN COST BASIS EQUALS \$16,999.12	\$\$.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15_	300 SHARES PHILLIPS 66 COST BASIS EQUALS \$9,386.64	\$\$.	_06/15/2015
(a) No from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16_	125 SHARES PHILLIPS 66 COST BASIS EQUALS \$7,273.75		
		\$9,703.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17_	1,000 SHARES OF GENERAL MILLS COST BASIS EQUALS \$36,069.95	\$\$54,540.	06/15/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
18_	1000 SHARES GENERAL MILLS COST BASIS EQUALS \$35,578.00		
		s 54,540.	06/15/2015

Employer identification number

43-6348906

## Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1,000 SHARES DELTA AIRLINES COST BASIS EQUALS \$27,799.90		
	<b>\$</b> 40,865.	_06/15/2015_
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
150 SHARES KANSAS CITY SOUTHERN COST BASIS EQUALS \$7750.41		
	\$14,105.	06/15/2015
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	    \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Description of noncash property given  1,000 SHARES DELTA AIRLINES  COST BASIS EQUALS \$27,799.90  (b)  Description of noncash property given  150 SHARES KANSAS CITY SOUTHERN  COST BASIS EQUALS \$7750.41  (b)  Description of noncash property given   Description of noncash property given  1,000 SHARES DELTA AIRLINES COST BASIS EQUALS \$27,799.90  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$ 40,865.  (c) FMV (or estimate) (see instructions)  150 SHARES KANSAS CITY SOUTHERN COST BASIS EQUALS \$7750.41  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  S (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e) FMV (or estimate) (see instructions)  S (c) FMV (or estimate) (see instructions)  S (c) FMV (or estimate) (see instructions)	