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Form. 990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
not enter social security numbers on this form as it may be made

		nent of the Treasury Revenue Service  Go to www	irs gov/Form990PFfor instr	uctions and th	e latest infor	mation.	Ог	pen to Public Inspection
For	cal	lendar year 2017 or tax year beginning	g 07/	01 ,2017	, and ending	)		06/30,2018
	_	of foundation	<del></del>			A Empl	yer identifi	ication number
RO	S.	EWOOD FOUNDATION					43-	6348906
		er and street (or P O box number if mail is not delive	vered to street address)		Room/suite	B Telep	none numbe	er (see instructions)
77	70	7 FORSYTH BLVD.					31	4-746-4679
City	or	town, state or province, country, and ZIP or foreign	n postal code					
						C If exem	nption applicat g, check here	ition is
SI	ΑI	NT LOUIS, MO 63105				pondin	g, c.,	····· — <b>·</b>
		ck all that apply   Initial return	Initial return	of a former p	ublic charity	D 1 Fore	ıan organizat	tions, check here >
•		Final return	Amended ret	turn		2 Fore	ign organizati	tions meeting the
		Address chang	e Name chang	e	_ 1			nere and attach
H C	he	ck type of organization X Section 5	01(c)(3) exempt private f	oundation	()L		•	
	_	Section 4947(a)(1) nonexempt charitable trus			ion C	1 '		status was terminated
l F			ccounting method. X C		rual			n a 60-month termination
		of year (from Part II, col. (c), line	Other (specify)	_				o)(1)(B) check here .
		· · · · · · · · · · · · · · · · · · ·	rt I, column (d) must be on ca	ish basis )				
Par	t I	Analysis of Revenue and Expenses (	The (a) Revenue and					(d) Disbursements
		total of amounts in columns (b), (c), and (d may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inve		(c) Adjuste incom		for charitable purposes (cash basis only)
1	ı	Contributions gifts grants, etc., received (attach schedule						
2	2	Check ► if the foundation is not required attach Sch B						
3	3	Interest on savings and temporary cash investmen					DE	CEIVED
4	ı	Dividends and interest from securities	128,943.	12	8,943.			PEIVED !
	ā	Gross rents				-		
	b	Net rental income or (loss)				<u> </u>	NOV	23 2018   9
힐		Net gain or (loss) from sale of assets not on line 1						60
evenue	b	Gross sales price for all 2,568,33	34.			<u> </u>		<u> </u>
	7	Capital gain net income (from Part IV, line 2		37	5,846.		OGI	PEN, UI
٤  ٣	3	Net short-term capital gain						
1,5		Income modifications	• • -					
10	ıa	Gross sales less returns and allowances						
	b	Less Cost of goods sold .		·				1
	С	Gross profit or (loss) (attach schedule)					_	
11		Other income (attach schedule)			4 500			
12	<u> </u>	Total Add lines 1 through 11	<del></del>		4,789.	_		1 255
13 م	3	Compensation of officers, directors, trustees, etc	43,656.	3	9,290.			4,366.
Se 14	}	Other employee salaries and wages	• •					
Administrative Expens		Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·					
닭 16		Legal fees (attach schedule)			770777		11037-	1.000
e L		Accounting fees (attach schedule) STMT			NONE	<u> </u>	NONE	1,000
<b>\(\)</b>	С	Other professional fees (attach schedule) .	• •					<del></del>
E 17		Interest						
<u> </u>		Taxes (attach schedule) (see instructions).	2. 30,196.		420.			
[ 19	)	Depreciation (attach schedule) and depletion						<u> </u>
<b>2</b> 0	)	Occupancy						
21	I	Travel, conferences, and meetings						
e 22	2	Printing and publications						
<u> 2</u> 3	3	Other expenses (attach schedule)						
Operating and	ŀ	Total operating and administrative expens						
er er		Add lines 13 through 23		3	9,710.		NONE	
<b>5</b> 25	,	Contributions, gifts, grants paid						1,524,000
26	<u>.                                    </u>	Total expenses and disbursements Add lines 24 and	1,598,852.	3	<u>9,710.</u>		NONE	1,529,366.
27	,	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	-598,818.	ł			į	1

465,079

b Net investment income (if negative, enter -0-)

c Adjusted net income (If negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2017)

SCANNED FEB 07 2019

В	art I	Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_	a1 L 1	Balance Silects	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	ng			
	2		cash investments	75,593.	57,493.	57,493
	3	Accounts receivable ▶				
		-	otful accounts >			
	4	Pledges receivable ▶				
	-	_	otful accounts	<b>+-</b> - · •	<del></del>	
	_					<del>_</del>
	5		F			
	6		officers, directors, trustees, and other			
		• •	ach schedule) (see instructions)	·		<del> </del>
	7		ceivable (attach schedule)			- 1
		Less allowance for doub	tful accounts >	-		
ş	8	Inventories for sale or us	e			
Assets	9	Prepaid expenses and de	eferred charges			
۹	10a	Investments - U S and state	government obligations (attach schedule)			
	b	Investments - corporate s	stock (attach schedule)	5,367,696.	<u>4,786,</u> 979.	9,472,777
	c	Investments - corporate I	bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis Less accumulated deprecia				
		(attach schedule)			<del></del>	<del></del>
	12	Investments - mortgage I	loans			
	13	Investments - other (attack Land, buildings, and	ch schedule)			
- 1	14	equipment hacie	<b>-</b>	•		ì
j		Less accumulated depreciat (attach schedule)	tion >			
ì	15		· ) [			
	16		completed by all filers - see the			
		instructions Also, see pa	ge 1, item I)	5,443,289.	4,844,472.	9,530,270
	17		crued expenses			
	18				<del></del>	
Ŋ			· · · · · · · · · · · · · · · · · · ·			ł
읡	19					
Ē	20		s, trustees, and other disqualified persons.			
Liabilities	21		es payable (attach schedule)			1
-	22	Other liabilities (describe	<b>&gt;</b>	<del></del>	<del></del>	
ĺ					,,,,,,,	,
4	23		s 17 through 22)		NONE NONE	,
			SFAS 117, check here ▶			
š		and complete lines 24 ti	hrough 26, and lines 30 and 31.			;
Ĕ	24	Unrestricted				1
Balances	25	Temporarily restricted .				
_	26					
Ĕ	27 28 29 30	Foundations that do not	follow SFAS 117, check here			4
ᄄ		and complete lines 27 ti	-			
9	27	Canital stock trust princi	pal, or current funds	5,443,289.	4,844,472.	1
2	20		land, bldg , and equipment fund			
š	20		· · · · · ·			i
₹	29	<del>-</del>	eted income, endowment, or other funds	5,443,289.	4,844,472.	
ఠ	30		balances (see instructions)	3,443,203.	4,044,472.	1
2	31		net assets/fund balances (see	5 443 200	4 044 470	i
_				5,443,289.	4,844,472.	
			ges in Net Assets or Fund Balan		<del></del>	<del></del>
1			alances at beginning of year - Part II,		- I I	E 440 00-
			on prior year's return)			5,443,289.
			ıne 27a		2	<u>-598,818.</u>
3	Othe	er increases not include	ed in line 2 (itemize) ► ROUNDING		3	1.
4	Add	lines 1, 2, and 3			4	4,844,472.
5	Deci	reases not included in	line 2 (itemize) ▶		5	
6	Tota	I net assets or fund ba	lances at end of year (line 4 minus lin	ie 5) - Part II, column (b)	), line 30 6	4,844,472.
_					· · · · · · · · · · · · · · · · · · ·	Eart 990-PE (20-7)

_	990-PF (2017)		<del></del>			Page 3
Pa		and Losses for Tax on Inv	<del></del>	1 /b\u		
		cribe the kind(s) of property sold (for e	•	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
_		ick warehouse, or common stock, 200	shs. MLC Co)	D - Donation	(mo , day, yr )	(mo , day, yr )
<u>1</u> a	PUBLICLY TRADED	SECURITIES				
t	<u> </u>					
						<del>_</del> _
d						
e	·					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
	2,568,334.		2,192,488.			375,846.
<u>b</u>			2/192/100.			<u> </u>
c				<del>                                     </del>		
d					— <u> </u>	
<u>u</u>					<del></del>	
		owing gain in column (h) and owned b	by the foundation on 12/31/69	(1)	Carra (Cal. /b) as	
	· · · · · · · · · · · · · · · · · · ·	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	(h))
a						375,846.
b						
C						
d					<del></del>	
e						_
		( If g	ain, also enter in Part I, line 7			
2	Capital gain net income	nr (net canital loss)	oss), enter -0- in Part I, line 7	2		375,846.
3	Net short-term capital ga	in or (loss) as defined in sections				
		art I, line 8, column (c). See ins	•			
	Part I, line 8	<u>,</u>		3		
Par			uced Tax on Net Investment Ir	ncome		
Was			outable amount of any year in the ba	ase period	d <sup>7</sup>	] Yes █️X No
1			r, see the instructions before making	a any ont	TIEC	
<u>'</u>	(a)			ig any ent	(d)	
Cale	Base period years indar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rat (col (b) divided by	
	2016	1,652,941.	8,598,986.		(00. (0) 0.0.0000)	0.192225
	2015	1,375,779.	8,198,555.			0.167807
	2014	2,273,498.	9,151,875.			0.248419
	2013	2,070,723.	8,921,870.			0.232095
	2012	1,902,544.	9,088,123.			0.209344
2	Total of line 1, column (c	1)		2		1.049890
3			le the total on line 2 by 5.0, or by			
	<del>-</del>		if less than 5 years	3		0.2099 <u>78</u>
4	Enter the net value of no	ncharitable-use assets for 2017 fr	om Part X, line 5	4	9,	686,074.
						_
5	Multiply line 4 by line 3.			5	2,	033,862.
	-,				_	_
6	Enter 1% of net investme	nt income (1% of Part I. line 27b)		6		4,651.
7	Add lines 5 and 6			7	2,	038,513.
8	Enter qualifying distributi	ons from Part XII, line 4 reater than line 7, check the box	:	8 that part		529,366. k rate. See the
	Part VI instructions					

43-6348906

Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıction	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	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		9,3	302.	
	here  and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		ì	<u>IONE</u>	
3	Add lines 1 and 2		9,3	302.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<u>IONE</u>	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		9,3	02.	
6	Credits/Payments Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 15,504.				
ь	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		<u> 15,5</u>	04.	
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached				
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		6,2	202.	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 6,202. Refunded ▶ 11				
Par	t 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?	_1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	'			
	instructions for the definition	1b		X	
	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				
С	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 🕨 \$				
e	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				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_3		X	
4a	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			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>	
	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		1		
	conflict with the state law remain in the governing instrument?	_6	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	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	MO		}		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	X		
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			_	
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"		ļ		1
	complete Part XIV	9		X	•
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
. •	names and addresses	10	X		

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ CENTRAL TRUST COMPANY Telephone no ▶ (314) 746	-467	9	
• •	Located at ▶ 7707 FORSYTH BLVD., SAINT LOUIS, MO ZIP+4 ▶ 63105			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	$\prod$
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
,,,	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Pari	VI-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
عننقي	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
10	During the year, did the foundation (either directly)			
Id	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes' X No	ì		١ ٠
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	, i		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	i		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	} •		
	the benefit or use of a disqualified person)?	ì		
	the benefit of use of a disqualified personner.	,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	i		
	termination of government derived, in terminating interminating	5		
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		
	Organizations relying on a current notice regarding disaster assistance, check here	ž		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
_	were not corrected before the first day of the tax year beginning in 2017?	10		^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	ļ		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	)		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	ŀ		
	oc, fair with for the years, pagining soore zero.	;		
	If "Yes," list the years	Í		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	į		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		
	all years listed, answer "No" and attach statement - see instructions.)			·
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	20/4   1   1   1   1   1   1   1   1   1			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	}		1 1
		į		
b	If "Yes," did it have excess business holdings in 2017 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	ĺ		
	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	25	<del>                                     </del>	<del></del>
	foundation had excess business holdings in 2017.)	3b		- v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<b></b>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		<del>                                     </del>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	Λ.PF	(2217
	Fo	rm 33	ソ・アド	(2017

Sa During the year, did the foundation pay or incur any amount to (1) Carry on propagation, or otherwise attempt to influence legislation (section 4945(e))? yes X No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a great to an organization of the than a chantable, etc., organization described in section 4945(d)(4)(A)? See instructions. (5) Provide for any purpose other than religious, charitable, scennific, literary, or educational purposes, or for the prevention of cuelly to children or animals?  b if any answer is "vis" to \$411\(\)(5) (iid any of the transactions fall to qualify under the exceptions described in Regulations section \$34945(e)(4)(A)? See instructions.  Crganizations relying on a current notice regarding disaster assistance? See instructions.  Crganizations relying on a current notice regarding disaster assistance? See instructions.  Crganizations relying on a current notice regarding disaster assistance? See instructions.  Crganizations relying on a current notice regarding disaster assistance? See instructions.  Cry it "yes," attach the statement required by Regulations section 53 4945-5(d)  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  If "Yes," of the formation of the year, reverse any funds, directly or indirectly, to pay premiums on a personal benefit contract?  D did the foundation, during the year, reverse any funds, directly or indirectly, to pay premiums on a personal benefit contract?  A lany time during the tax year, was the foundation and appropriate to the transaction?  Tyes Total (Normation Application) and selection of the part of the secretary of the secreta	Part	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)						
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any veter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, chantable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (5) Provide for any purpose other than religious, chantable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) If any answer is "Yes" to St1145), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance, See instructions.  (7) Organizations relying on a current notice regarding disaster assistance, See instructions.  (8) If "Yes" tatach the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement required by Regulations section 53 4945-5(d)  (9) Office for the statement regulation section 53 4945-5(d)  (9) Office for the statement regulation section 5445-5(d)  (9) Office for the statement regulation section 5445-5(d)  (9) Office for the statement regulation section 5445-5(d)  (1) O	5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No			
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charatable, etc., organization described in section 4945(s)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)		(1) Sally on propagation, or still the manner registerior to the propagation of the propa									
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(fil4)47, See instructions.  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sa(1145), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance; check here.  c If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  c If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  d) If "Yes," attach the statement required by Regulations section 53 4945-figl)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7c If "Yes" to did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation. See instructions). If none, enter "NOME."  (a) Name and address (a) Name and address (b) Title, and wazege of the properties of the foundation of the foundation of the properties of the propert		(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry on	·,			`			
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 4945(d)4(A)? See instructions.  (5) Provide a grant to an organization other than a charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  (b) If any answer is "Yes" to Salf)4(5), id any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance? See instructions.  If Yes, attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, pary premiums, directly or indirectly, in pay premiums on a personal benefit contract?  If Yes, attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation that year, any premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation that year, any premiums, directly or indirectly, on a personal benefit contract?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractions and Contractions.  Information About Officers, functions, functions, functions, and the function of the function of the part of the function of the part of the function o		directly or indirectly, any voter registration drive?			. Yes X No	,		!			
section 49.65(did/4/N). See instructions		(3) Provide a grant to an individual for travel, study, or o	ther similar purposes		. Yes X No	,		!			
(s) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?		(4) Provide a grant to an organization other than a	charitable, etc., org	janization described ii	n						
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance, check here.  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  c If "Yes," attach the statement required by Regulations section 53 4945-fc(I and the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To b If "Yes," attach the statement required by Regulations section 53 4945-fc(I and the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To b If "Yes," attach the statement required by Regulation aparty to a prohibited tax shelter transaction?  The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation. See instructions.  (a) Name and address  (b) Titl, and average (c) Compensation (directivations to employee benefit prohibited tax shelter transaction?  TRUSTEE  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and everage even even even extended compensation (c) Compensation (d) Correbations to employee benefit prohibited tax shelter transactions (e) Expense account, other allowances of the prohibited tax shelter transactions (e) Compensation (e) Co		section 4945(d)(4)(A)? See instructions									
b If any answer is "Yes" to 5a(1)(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance, check here  Organizations relying on a current notice regarding disaster assistance, check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? .  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Do dit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .  Do dit the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  Do dit the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  Do dit the foundation during the itax year, was the foundation a party to a prohibited tax shelter transaction? .		(5) Provide for any purpose other than religious, ch	aritable, scientific,	literary, or educationa	' — —			٠ .			
Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions.  Organizations relying on a current notice regarding disaster assistance. See here  of if the answer is "Yes" to question 53 4945.  because it maintained expenditure responsibility for the grant?  because it maintained expenditure responsibility for the grant?  on a personal benefit contract?  on a personal benefit contract?  If "Yes," attach the stelement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation. See instructions and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Fittle, and average device position  (c) Compensation of five highest-paid employees paid more than \$50,000  Did fittle, and average hours per veek devoted to position  (c) Compensation of five highest-paid employees part more than \$50,000  Did fittle, and average hours per veek devoted to position  NONE  NONE  NONE  NONE  NONE  NONE  NONE		purposes, or for the prevention of cruelty to children	or animals?		. Yes X No						
Organizations relying on a current notice regarding disaster assistance, check here  c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a. Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b. Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  7b. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation. See instructions.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) C	b	o If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in									
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		•	-			5b					
because it maintained expenditure responsibility for the grant?		Organizations relying on a current notice regarding disas	ter assistance, check	here		$\square$					
If "Yes," attach the statement required by Regulations section 53 4945-5(d)  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  5b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  6c X  1f "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  7c I List all officers, directors, trustees, foundation managers and their compensation.  7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average devoted to position  7ron Forsyth BLVD, ST LOUIS, MO 63105  10 43,656.  -0-  -0-  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and celerred compensation employee benefit plans and celerred compensation of the employee paid more than \$50,000  NONE  NONE  NONE  NONE  NONE  NONE  NONE	c	If the answer is "Yes" to question $5a(4)$ , does the	foundation claim e	xemption from the ta				1			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		because it maintained expenditure responsibility for the g	grant <sup>7</sup>		Yes No	·		,			
on a personal benefit contract?    Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Tyes		If "Yes," attach the statement required by Regulations see	ction 53 4945-5(d)								
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	6a	Did the foundation, during the year, receive any fun	ids, directly or indir	ectly, to pay premiun							
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?								1, 1			
Total number of other employees paid over \$50,000	b		tly or indirectly, on a	personal benefit contra	ct <sup>7</sup>	_6b		_X_			
B   Fives,* did the foundation receive any proceeds or have any net income attributable to the transaction?											
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (incorporations) (incorporation								·			
Total number of other employees paid over \$50,000		1 ( ) ( ) ( ) ( )									
(a) Name and address (b) Title, and average devoted to position  TRUSTEE  10  2 Compensation of five highest-paid employees (b) Title, and average hours per week devoted to position  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE		and Contractors									
CENTRAL TRUST COMPANY   TRUSTEE   10   43,656.   -0-   -0-	1	List all officers, directors, trustees, foundation ma									
TRUSTEE 7707 FORSYTH BLVD , ST LOUIS, M0 63105  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Trite, and average hours per week devoted to position  NONE		(a) Name and address	hours per week	(If not paid.	employee benefit plans	(e) Expens other all	se accou owance	unt, es			
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE	CENTR	AL TRUST COMPANY									
2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation other allowances  (e) Expense account, other allowances  NONE  NONE  NONE  NONE  NONE				43,656.	-0-			-0-			
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  NONE  NONE  NONE  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  NONE  NONE  NONE  NONE  NONE  NONE											
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  NONE  NONE  NONE  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  NONE  NONE  NONE  NONE  NONE  NONE											
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  NONE  NONE  NONE  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  NONE  NONE  NONE  NONE  NONE  NONE											
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  NONE  NONE  NONE  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  NONE  NONE  NONE  NONE  NONE  NONE											
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  NONE  NONE  NONE  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  NONE  NONE  NONE  NONE  NONE  NONE											
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  NONE  NONE  NONE  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  NONE  NONE  NONE  NONE  NONE  NONE							·				
(a) Name and address of each employee paid more than \$50,000  NONE			(other than thos	e included on line		ns). If n	one,	enter ——			
Total number of other employees paid over \$50,000	(a)	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred						
Total number of other employees paid over \$50,000											
	<u>NONE</u>			NONE	NONE	N	ONE				
					l						
	Total	number of other employees and over \$50,000				N1	ONE				
	rotal	number of other employees paid over \$50,000	· · · <u>· · · · · · · · · · · · · · · · </u>	<u> </u>	· · · · · · · · · · · • <u> </u>			(2017)			

3 Five highest-paid independent contractors for professional services.	See instructions. If none, enter "NONE	."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		17017
NONE		NONE
	<del></del>	
	·	
<del></del>		
Total number of others receiving over \$50,000 for professional services	<u></u> ▶	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevar organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1NONE		
2		
3		
4		<del></del>
0 0 0 0		
Part IX-B Summary of Program-Related Investments (see instruct Describe the two largest program-related investments made by the foundation during the tax year		Amount
1NONE	on mes 1 and 2	
2		
<del></del>		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3		

5 //toldgo of monthly obort 5 in the control of the	466. NONE 578.
a Average monthly fair market value of securities	466. NONE 578.
b Average of monthly cash balances	466. NONE 578.
5 //toldgo of monthly obort 5 in the control of the	NONE
110	578.
C Tall Higher Value of all Other Goods (see high actions).	·
d Total (add lines 1a, b, and c)	NONE
e Reduction claimed for blockage or other factors reported on lines 1a and	NONE
1c (attach detailed explanation)	NONE
2 Acquisition indebtedness applicable to line 1 assets	_
3 Subtract line 2 from line 1d	<u>578.</u>
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	
instructions)	504.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 9,686,	074.
	304.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ and do not complete this part.)	
	304.
2a Tax on investment income for 2017 from Part VI, line 5	
b Income tax for 2017. (This does not include the tax from Part VI.) 2b	
c Add lines 2a and 2b	302.
• Aug 111103 20 0110 20	002.
bistributable amount boloro adjustributal order and a more and a m	NONE
5 Add lines 3 and 4	002.
	NONE
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	
line 1	002.
Part XII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	366.
b Program-related investments - total from Part IX-B	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	
	NONE
3 Amounts set aside for specific charitable projects that satisfy the	-
	NONE
	NONE
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 1,529,	
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	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	366
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	
qualifies for the section 4940(e) reduction of tax in those years.	

Form **990-PF** (2017)

Page 9

Form 990-PF (2017)					Page 9
Part XIII Undistributed	Income (see instru				
		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2			,		475,002.
line 7					475,002.
a Enter amount for 2016 only.	•			NONE	,
b Total for prior years 20	ľ		NONE		
3 Excess distributions carryov					
	1,491,286.				ı
	1,657,277.				ı
c From 2014	1,849,356.				i
	967,490.				,
e From 2016		_			
f Total of lines 3a through e .		7,203,903.			
4 Qualifying distributions for					
line 4 ▶ \$1,5	29,366				'
a Applied to 2016, but not mo				NONE	
<b>b</b> Applied to undistributed in					'
(Election required - see instru			NONE		
c Treated as distributions out	of corpus (Election				
required - see instructions) .		NONB			
d Applied to 2017 distributable	e amount				475,002.
e Remaining amount distribute	ed out of corpus	1,054,364.			
5 Excess distributions carryov	ver applied to 2017	NONB			NONE
(If an amount appears in co					
6 Enter the net total of					
indicated below:					
a Corpus Add lines 3f, 4c, an	d 4e Subtract line 5	8,258,267.			
<b>b</b> Prior years' undistributed	income Subtract		NONE		
line 4b from line 2b			NONE		
c Enter the amount of prior income for which a notice					
been issued, or on which	the section 4942(a)		NONE		
tax has been previously asse	ssed		IVOINE		
d Subtract line 6c from			NONE		å
amount - see instructions e Undistributed income for			110112		
4a from line 2a. Taxal	ole amount - see			NONE	
instructions					
f Undistributed income for 2					
4d and 5 from line 1 Th distributed in 2018					NONE
	Γ			•	
7 Amounts treated as distribute to satisfy requirements in	· I				1
170(b)(1)(F) or 4942(g)(3)	- 1				ı
required - see instructions) .	· I	NONE			
8 Excess distributions carryo	ver from 2012 not				į
applied on line 5 or line 7 (se		1,491,286.			
9 Excess distributions ca	rryover to 2018.				
Subtract lines 7 and 8 from I	ıne 6a	6,766,981.			
10 Analysis of line 9					i
a Excess from 2013	1,657,277.				l
b Excess from 2014	1,849,356.	′			}
c Excess from 2015	967,490.				ļ
d Excess from 2016	1,238,494.				į
e Excess from 2017	1,054,364.				990-PF (2017)

Form **990-PF** (2017)

Form	990-PF (2017)				6348906	Page 10
		erating Foundations		<del></del>		NOT APPLICABLE
1 a	If the foundation has					)
_	foundation, and the ruling Check box to indicate v	-				1)(3) or 49,42(j)(5)
Đ	Check box to indicate t	Tax year	is a private operating	Prior 3 years	1 30011011   40421	
2 a	Enter the lesser of the ad-	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	justed net income from Part I or the minimum investment			, , , , , , , , , , , , , , , , , , ,		
	return from Part X for each year listed				/	1
ь	85% of line 2a					
	Qualifying distributions from Part					
	XII, line 4 for each year listed .				/	<u> </u>
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the			/		
-	alternative test relied upon "Assets" alternative test - enter		$\times$			
a	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(8)(i)					
ь	"Endowment" alternative test-	_				
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than					
	gross investment income					-
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)), or royelties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income.		Samuelata this mant	antició tha farinda	tion had \$5 000 a	r more in assets at
Par	t XV Supplemen	uring the year - see	instructions.	only if the founda	tion had \$5,000 0	i more ili assets at
1	Information Regarding				-	
а	List any managers of	the foundation who h	nave contributed more	e than 2% of the tota	al contributions receiv	ved by the foundation
	before the close of any	tax year (but only if th	ney have contributed in	nore than \$5,000). (S	ee section 507(d)(2).)	
	KATIE ROSI	E MCCLENDON				
b	List any managers of	the foundation who	own 10% or more of	the stock of a corp	oration (or an equall	y large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest.	
	/-					
	N/A Information Regarding	Contribution Grant	Gift Loan Scholarshi	n etc Programs		
					itable erganizations	and door not accent
	unsolicited requests for	ne foundation only or funds, If the found	makes contributions ation makes difts, dra	nts. etc., to individua	itable organizations u	and does not accept nder other conditions,
	complete items 2a, b,			,,	<b>.</b> .	
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	lications should be ad	dressed
	SEE STATEMENT	3				
b	The form in which app	lications should be sul	omitted and information	n and materials they	should include	
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
	Any submission deadli	nes				
·	SEE ATTACHED S'		NE 2			
	JUL MITACHED D.	III DI DI DI				
		mitations on awards	, such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other
	factors:	DAMENDAM PAR II	INE 2			
	SEE ATTACHED S	TATEMENT FOR LI	Nr. Z			

Form 990-PF (2017)			-	Page 11
Part XV Supplementary Information (d	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or Appr	oved for F	uture Payment	· -
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIBUTION	
a Paid during the year				
SEE STATEMENT 23				1,524,000.
SEE STATEMENT 23				1,524,000.
				•
	•			
	•			
,				
			•	
Total	<u>.</u>	<u></u>	► 3a	1,524,000.
<b>b</b> Approved for future payment				
Total			▶ 3b	

Form **990-PF** (2017)

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Excluded by	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)
					(occ matructions )
ab			<u> </u>		
c					
d					
e					-
f					<u> </u>
g Fees and contracts from government agencies					
2 Membership dues and assessments		<del> </del>	_		·
3 Interest on savings and temporary cash investments -	·				
4 Dividends and interest from securities			14	128,943.	<del></del>
5 Net rental income or (loss) from real estate					
a Debt-financed property				-	
<b>b</b> Not debt-financed property · · · · · ·	1 1				
5 Net rental income or (loss) from personal property	<del>                                     </del>		<del></del>		
7 Other investment income			18	375,846.	
<b>8</b> Gain or (loss) from sales of assets other than inventor	1		10	3/3,040.	
9 Net income or (loss) from special events · · ·	1			-	
O Gross profit or (loss) from sales of inventory	·		<del>   </del>	-	<del></del>
1 Other revenue a	-	<del></del>		··· -	
b	1 1	<del></del>			· · · · · · · · · · · · · · · · · · ·
c			<del></del>	<del></del>	
d	<del>                                     </del>	<del></del>		-	
e	<del>                                     </del>	<del></del>		504,789.	·
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		<del></del>			504,789
See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activitie		complishment of l	xempt Pure	ooses	
Line No. Explain below how each active accomplishment of the foundate	ity for which	income is reported	ın column (e	) of Part XVI-A contribu	
		· · · · · · · · · · · · · · · · · · ·			
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_						43-6348906		Page 13
Part >	(VII	Information R Exempt Organ	egarding Tra nizations	nsfers to and Trai	nsactions	and Relationships With None	haritabl	e
ır		on 501(c) (other				n any other organization described ection 527, relating to political	Yes	s No
аT	ransfer	s from the reporting	-	a noncharitable exemp				
								X
•	•		• • • • • • • • •				1a(2)	<del>  ^</del>
		ansactions s of assets to a non	charitable evem	nt organization			1b(1)	Х
							1b(2)	X
(3	) Rent	al of facilities, equip	pment, or other	assets			1b(3)	X_
							1b(4)	X
								X
								X
d If	the ar	nswer to any of th	e above is "Yes	s," complete the follow	ving schedul	le. Column (b) should always show	the fair	market
						ion. If the foundation received less		
(a) Line		(b) Amount involved	1	ement, snow in colum encharitable exempt organiza		lue of the goods, other assets, or s  Description of transfers, transactions, and share		
(a) Line	110	(b) Amount involved	(c) Name of the	one name and the organiza	(0)	Description of italistics, italisacions, and share	mg amanga	
						<u> </u>		
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				<del> </del>				
d	escribe	d in section 501(c)	(other than sect	liated with, or related tion 501(c)(3)) or in se		more tax-exempt organizations 	Yes [	X No
		complete the follow (a) Name of organizatio		(b) Type of organi	zation	(c) Description of relations	ship	
	_							
		<u>.</u>						
		<del></del>		<del> </del>				
		<del></del>						
				ed this return, including accom- xpayer) is based on all information		and statements, and to the best of my knowledg	ge and belief,	it is true,
Sign	Correct,				<b>.</b>	May the IRS	discuss thi	s return
Here		<del>justur M. (</del>	anter, urth	11/14/2018		with the pre	parer shown	below?
	Signal	ture of officer or trustee		Date	Ţıtle	See instruction	yes Yes	XNo
	<u> </u>	Print/Type preparer's na	me	gerger granger/	1.	Date Check if	PTIN	<del></del>
Paid -		KELLY KOWALC	ZYK	Kellin	nly		P01387	
Prepa			NST & YOUN			Firm's EIN ► 34-	6565596	5
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		СН	ICAGO, IL		60606		79-2000 m <b>990-P</b> F	

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No 1545-0047

Name of the organization		Employer identification number
DOCEMOOD EOINDATION		42 6249906
ROSEWOOD FOUNDATION Organization type (check one).	<del></del>	43-6348906
-		
Filers of	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
Check if your organization is co	vered by the General Rule or a Special Rule.	
Note. Only a section 501(c)(7), instructions.	(8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule	•	
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction stributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and	escribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the 33 1/tions $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of (1)
contributor, during th	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, ch I purposes, or for the prevention of cruelty to children or animals. Complet	arıtable, scientific,
contributor, during th contributions totaled during the year for an <b>General Rule</b> applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that relegions, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of the poto this organization because it received nonexclusively religious, charitable, one during the year	t no such that were received parts unless the , etc., contributions
990-EZ, or 990-PF), but it must	n't covered by the General Rule and/or the Special Rules doesn't file Scheo answer "No" on Part IV, line 2, of its Form 990; or check the box on line H ertify that it doesn't meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on its

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) (2017)

Name of organization Employer identification number ROSEWOOD FOUNDATION 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
1_	KATIE ROSE MCCLENDON 7707 Forsyth Blvd St. Louis, MO 63105	\$ 70,850.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KATIE ROSE MCCLENDON  7707 Forsyth Blvd  St. Louis, MO 63105	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KATIE ROSE MCCLENDON  7707 Forsyth Blvd  St. Louis, MO 63105	\$34,07 <u>1</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
No. 4	Name, address, and ZIP + 4  KATIE ROSE MCCLENDON  7707 Forsyth Blvd  St. Louis, MO 63105  (b)	### Total contributions  ### 127,022.  (c)	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	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	\$ 127,022.	Person Payroll Noncash (Complete Part II for noncash contributions)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization Employer identification number ROSEWOOD FOUNDATION 43-6348906

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
1_	2450 Shares of Apple Inc		
		\$\\\$\\$\	05/24/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2_	250 Shares of Home Depot Inc		
		\$ 46,510.	_05/24/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3_	2150 Shares of Apple Inc		
:		\$\$	11/14/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	1750 Shares of Boeing Co		
		\$ 457,275.	11/14/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

FORM 990PF, PART I - ACCOUNTING FEES

CNI264 979R 11/14/2018 14:41:02

	CHARITABLE PURPOSES	1 1 1 1 1 1 1 1 1	1,000.	II II II II II
	ADJUSTED NET INCOME	1 1		NONE
	NET INVESTMENT INCOME	1 1 1 1 1		NONE
II.	REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,000.	1,000.
				TOTALS
	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAX PREPARATION FEES	

STATEMENT 1

- TAXES	
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NET INVESTMENT INCOME	420.
REVENUE AND EXPENSES PER BOOKS	420. 14,272. 15,504. 30,196.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL TOTALS

7

STATEMENT

## RECIPIENT NAME:

KEVIN BOHN c/o CENTRAL TRUST COMPANY ADDRESS:

ADDRESS:
7707 FORSYTH BLVD.
SAINT LOUIS, MO 63105
RECIPIENT'S PHONE NUMBER: 314-746-4679
FORM, INFORMATION AND MATERIALS:
NO PARTICULAR FORM REQUIRED
SUBMISSION DEADLINES:
THERE IS NO SUBMISSION DEADLINE
RESTRICTIONS OR LIMITATIONS ON AWARDS:

THERE ARE NO LIMITATIONS ON AWARDS

43-6348906 ROSEWOOD FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: PINEBELT CHRISTIAN WOMEN'S JOB CORPS INC. ADDRESS: 411 N 28TH AVENUE HATTIESBURG, MS 39402 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC 15,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: EDWARDS STREET FELLOWSHIP CENTER ADDRESS: 1919 EDWARDS STREET HATTIESBURG, MS 39404 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 20,000. RECIPIENT NAME: ASBURY THEOLOGICAL SEMINARY ADDRESS: 204 NORTH LEXINGTON AVENUE WILMORE, KY 40390 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

BAPTIST MEDICAL & DENTAL MISSION

INTERNATIONAL

ADDRESS:

11 PLAZA DRIVE

HATTIESBURG, MS 39402

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

BERACHAH BIBLE CHURCH

ADDRESS:

310 CORINTH ROAD

JONESBORO, GA 30238

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

BETHANY CHISTIAN SERVICES OF MS -

HATTIESBURG

ADDRESS:

7 PROFESSIONAL PARKWAY STE 103

HATTIESBURG, MS 39402

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: BOYS AND GIRLS CLUB ADDRESS: PO BOX 1750 HATTIESBURG, MS 39403 ' RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC

RECIPIENT NAME: CATCH A DREAM ADDRESS: 2485 ENNIS ROAD STARKSVILLE, MS 39759 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME: CHILDREN'S ORGAN TRANSPLANT ASSOCIATION ADDRESS: 2501 WEST COTA DRIVE BLOOMINGTON, IN 47403 RELATIONSHIP: NONE

PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID ..... 10,000. ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: .

CHOSEN PEOPLE MINISTRIES

ADDRESS:

241 E. 51ST STREET NEW YORK, NY 10022

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:

CHRISTIAN SERVICES, INC

ADDRESS:

PO BOX 1994

HATTIESBURG, MS 39403

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

DOCTORS WITHOUT BORDERS

ADDRESS:

PO BOX 5030

HAGERSTOWN, MD 21741

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID .....

RECIPIENT NAME: GLOBAL OUTREACH

**RELATIONSHIP:** 

TUPELO, MS 38802

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

PURPOSE OF GRANT:

ADDRESS: PO BOX 1

NONE

PC

AMOUNT OF GRANT PAID ......

25,000.

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: K LOVE RADIO NETWORK ADDRESS: PO BOX 2898 OMAHA, NE 68103-2098 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 20,000. RECIPIENT NAME: METHODIST CHILDREN'S HOME ADDRESS: PO BOX 66 CLINTON, MS 39060 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: MISSISSIPPI CENTER FOR PUBLIC POLICY POLICY ADDRESS: 520 GEORGE STREET JACKSON, MS 39202 **RELATIONSHIP:** NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

STATEMENT 11

PC

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: ABBIE ROGERS CITVAN CAMP ADDRESS: 50 FIELDSTONE HATTIESBURG, MS 39402 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 50,000. RECIPIENT NAME: NEW ORLEANS BAPTIST SEMINARY ADDRESS: 3939 GENTILLY BLVD. NEW ORLEANS, LA 70126 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 35,000. RECIPIENT NAME: OPERATIONS MOBILIZATION ADDRESS: PO BOX 444 TYRONE, GA 30290 RELATIONSHIP: NONE

STATEMENT

PURPOSE OF GRANT:

PC

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

STATEMENT

15,000.

RECIPIENT NAME:

PO BOX 626

RELATIONSHIP: NONE

PETAL, MS 39465

PURPOSE OF GRANT:

ADDRESS:

PC

RICE & BEANS MINISTRIES

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: RONALD MCDONALD HOUSE ADDRESS: 2524 NORTH STATE STREET JACKSON, MS 39216 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 35,000. RECIPIENT NAME: AMERICAN BIBLE SOCIETY ADDRESS: 2012 N. 7TH AVENUE OZARKS, MO 65721 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: SALVATION ARMY OF HATTIESBURG ADDRESS: 5670 U.S. HWY 49 HATTIESBURG, MS 39403 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SAMARITAN'S PURSE ADDRESS: PO BOX 3000 BOONE, NC 38607 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 100,000. RECIPIENT NAME: ST. JUDE CHRISTIAN HOSPITAL ADDRESS: 501 ST. JUDE PLACE MEMPHIS, TN 38105 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 45,000. RECIPIENT NAME: STAGES ADDRESS: 1023 CHESTERFIELD PARKWAY CHESTERFIELD, MO 63017 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SUMRALL UNITED METHODIST CHURCH ADDRESS: PO BOX 276 SUMRALL, MS 39482 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: TEMPLE BAPTIST CHURCH ADDRESS: 5220 OLD HIGHWAY 11 HATTIESBURG, MS 39402 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 25,000. RECIPIENT NAME: THE MUSTARD SEED, INC ADDRESS: 1085 LUCKNEY ROAD BRANDON, MS 39047 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

25,000.

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: TRAIL LIFE USA ADDRESS: 835 E. LAMAR BLVD. ARLINGTON, TX 76011 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 20,000. RECIPIENT NAME: AMERICAN FAMILY ASSOCIATION ADDRESS: PO DRAWER 2440 TUPELO, MS 38803 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 40,000. RECIPIENT NAME: UNITED WAY - SOUTHEAST MISSISSIPPI ADDRESS: PO BOX 1648 HATTIESBURG, MS 39403 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

STATEMENT 17

PC

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: WILLIAM CAREY COLLEGE ADDRESS: 498 TUSCAN AVENUE, BOX 141 HATTIESBURG, MS 39401 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: WILSON RESEACH FOUNDATION ADDRESS: 1350 EAST WOODROW WILSON JACKSON, MS 39216 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 50,000. RECIPIENT NAME: WYCLIFFE ASSOCIATES ADDRESS: PO BOX 620143 ORLANDO, FL 32862 **RELATIONSHIP:** NONE

AMOUNT OF GRANT PAID .....

STATEMENT 18

PURPOSE OF GRANT:

PC

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

43-6348906

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

YOUTH REACH OF HOUSTON

ADDRESS:

PO BOX 9631

HOUSTON, TX 77213

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 12,000.

RECIPIENT NAME:

ZOLA LEVITT MINISTRIES

ADDRESS:

PO BOX 12268

DALLAS, TX 75225

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 7,000.

RECIPIENT NAME:

BEREA COLLEGE

ADDRESS:

CPO 2216

BEREA, KY 40404

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: EMPOWER MISSISSIPPI FOUNDATION ADDRESS: 741 AVIGNON DRIVE RIDGELAND, MS 39157 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: HOMEWARD BOUND ADDRESS: PO BOX 2841 MISSISSIPPI STATE, MS 39762 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: BILLY GRAHAM EVANGELISTIC ASSOCIATION ADDRESS: 1 BILLY GRAHAM PARKWAY

AMOUNT OF GRANT PAID ......

CHARLOTTE, NC 28201

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

RELATIONSHIP:

PURPOSE OF GRANT:

NONE

PC

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: UNIVERSITY OF SOUTHERN MISSISSIPPI CHILDREN'S CENTER ADDRESS: 118 COLLEGE DRIVE #5092 HATTIESBURG, MS 39406 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 30,000. RECIPIENT NAME: THE 3-D SCHOOL ADDRESS: 120 GEORGE STREET PETAL, MS 39465 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSE FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: OUR DAILY BREAD

AMOUNT OF GRANT PAID .....

STATEMENT 21

ADDRESS:

NONE

PC

PO BOX 2222

PURPOSE OF GRANT:

RELATIONSHIP:

GRAND RAPIDS, MI 49501

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

INTERNATIONAL JUSTICE MISSION

ADDRESS:

PO BOX 96961

WASHINGTON, DC 20090-6961

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

FORREST GENERAL HEALTHCARE

FOUNDATION - ASBURY HOSPICE HOME

ADDRESS:

P.O. BOX 19010

HATTIESBURG, MS 39404

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

BLAIR E. BATSON HOSPITAL FOR CHILDREN

ADDRESS:

2500 NORTH STATE STREET

JACKSON, MS 39216

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

P

43-6348906 ROSEWOOD FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: HOPE CLINIC ATTN: KAREN SIMS ADDRESS: 216 S 27TH AVE HATTIESBURG, MS 39401 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: THE UNIVERSITY OF TEXAS FOUNDATION ADDRESS: PO BOX 44861 AUSTIN, TX 78767 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: PC 

STATEMENT 23

1,524,000.

TOTAL GRANTS PAID: