SCANNED JAN 3 1 2020

Department of the Treasury	
Internal Revenue Service	ı

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

Do not enter social security numbers on this form as it may be made public.

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Open to Public	Inspectio

OMB No 1545-0052

	Ciller	Revenue Service Go to www.irs.	900/10/11/550/110/11/56/6		c latest iii			
F	or coal	endar year 2018 or tax year beginning	07 <u>/</u>	01 , 2018,	and end		<u> </u>	06/30,2019
Ν	Name of foundation						Employer identific	· ·
	ROSEWOOD FOUNDATION							6348906
N	ımber	and street (or P O box number if mail is not delivered to	street address)		Room/suit	e B	Telephone numbe	r (see instructions)
					•		•	,
	770	7 FORSYTH BLVD.					31	4-746-4679
C		own, state or province, country, and ZIP or foreign posta	il code		-		_	
						C	If exemption applicat pending, check here.	ion is
	ITAR	NT LOUIS, MO 63105				ļ	pending, check here.	
<u>-</u>		ck all that apply Initial return	Initial return	of a former p	ublic cha	rity	1 Farmer arganizati	and shock have
	Onc	Final return	Amended ret	-		,	 Foreign organizati Foreign organizati 	
		Address change	Name change				85% test, check he	are and attach
_	Cho	ck type of organization: X Section 501(/\1/		computation .	
1	_				UY	E	•	status was terminated
7		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri			 -	under section 507(b)	(1)(A), check here .
ı		market value of all assets at J Acco		esh Acc	ruai	F		a 60-month termination
			ther (specify)			—	under section 507(b)	(1)(B), check here
			column (d) must be on ca	sh basis.)				(4) Dishings and a
	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) nevenue una	(b) Net inve	stment	· (c) A	djusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per books	incom			income	purposes
_		column (a) (see instructions))					, <u> </u>	(cash basis only)
	1'	Contributions, gifts, grants, etc., received (attach schedule) .	1,199,256.			19 19 3	25-1 1 1 1 1 1 1 X	1. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	2	Check If the foundation is not required to attach Sch B	The strategy of the strategy o	x', h, , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 3 3 5 5 5 5	The Company of the Co	المراجع المراج
	3	Interest on savings and temporary cash investments-						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4	Dividends and interest from securities	150,511.	15	0,511.			The state of the s
	5a	Gross rents						
	h	Net rental income or (loss)	27 3 3 3 4 5 4 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					电上分解放射体系数
, a	6a	Net gain or (loss) from sale of assets not on line 10	558,707.	3 383 537 737 737	1111,77,127	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ē	b	Gross sales price for all		*1.1 *		3. 7.	Maria Pilandi	
Revenue	١,	assets on mic od		55		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		San Carrier
۵	7	Capital gain net income (from Part IV, line 2) .	123 - 12 12 13 12 14 12 14 12 14 14 14 14 14 14 14 14 14 14 14 14 14			J. J. L	1 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jane Land
	8	Net short-term capital gain	28.27 3.3 10 3.5 2 3.5 15.3 15.3 15.3 15.3 15.3 15.3 15.3	The state of the s		l		
	9 10a	Gross sales less returns		1		12 , 12 12 , 12		The day, and I wanted to
		and allowances	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tuning the second of the secon				The state of the s
	i	Less Cost of goods sold .			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21.16 1 1 1	2. 2. 3. 7 (29) 35 55 (2)	2 1 1 1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3
	1	Gross profit or (loss) (attach schedule)		, 21 April 32, 75, 75, 2	1, 1,1,2,			The second section of the section of th
	11	Other income (attach schedule)	1,908,474.	70	9,218.			Second on a management of the second
-	12	Total. Add lines 1 through 11	47 004		3,105.			4,789
u	13	Compensation of officers, directors, trustees, etc	47,894.	4	NONE		NONE	
ď	14	Other employee salaries and wages						
٩	15	Pension plans, employee benefits			NONE	1	NONE	
	16a	Legal fees tattach something IVED	1 000		370375	ļ	37037	1 000
٥	b	Accounting fees (attach schedule) 3 1 11 1 02	1,000.		NONE		NONE	1,000
4	С	Other professional fees (attach solledule)				ļ		
2	17					ļ		<u> </u>
Administrative Expenses	18	Taxes (attach schedule) (see instructions). 2.	4,006.		671.			[4] [] [] [] [] [] [] [] [] []
. 2	19	Depreciation (attach schedule) and depletion.						1 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15
3	20	Occupancy			·			
7	21	Travel, conferences, and meetings			NONE		NONE	
2	21 22	Printing and publications			NONE		NONE	
Ş	23	Other expenses (attach schedule)				<u> </u>		
÷	24	Total operating and administrative expenses.						,
7		Add lines 13 through 23	52,900.		3,776.		NONE	
څ	23 24 25	Contributions, gifts, grants paid	1,635,000.	F: 1 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3		17, 18, 7 24, 18, 21,	12, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	1,635,000
_	26	Total expenses and disbursements Add lines 24 and 25	1,687,900.		3,776.	-	NONE	
-	27	Subtract line 26 from line 12		San	" * * * * * * * * * * * * * * * * * * *	11053	The Control of the State of the	
	1	Excess of revenue over expenses and disbursements	220,574.					
	i	Net investment income (if negative, enter -0-)	75 1 5 10 5 10 5 1 1 1 1 1 1 1 1 1 1 1 1	66	5,442.	7 7 7 1 1 1 1	10 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
		Adjusted net income (if negative, enter -0-).	27 1 27 1 27 1 27 1 27 1 27 1 27 1 27 1	* 10 mm 12 m	(prira."	man bound on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	1 C	AGIGATED HEL INCOMIC (II HEGALIVE, CHICH "U").	Tar to Tar at the Character Part of the	Be forth to be (a) to the	and the w	.)		re are a mail time a target a fill the fi

JSA For Paperwork Reduction Act Notice, see instructions. CNI264 979R 11/12/2019 13:53:04

		Attached schedules and amounts in the	Beginning of year	End	l of year
Ŀа	rt	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\top	1 (Cash - non-interest-bearing			
		Savings and temporary cash investments	57.493.	99,029	99,029 .
		Accounts receivable	Management of a second	1	1
	1	Less allowance for doubtful accounts >			
	4 1	Pledges receivable ▶			
	1	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)			
ı	7	Other notes and loans receivable (attach schedule) 🕨	1		3
	1	Less allowance for doubtful accounts ▶NONE			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
∀∀		Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)	4,786,979.	4,966,02	<u>1. 11,790,281</u> .
		Investments - corporate bonds (attach schedule)			
[11	Investments - land, buildings, and equipment basis	Pro (1 h) hy 1 h 1 h 1 h 1 h 1 h 2 h 2	Billion and the second	
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans			,
	13	Investments - other (attach schedule)	1		
		Land, buildings, and equipment basis	Market & Market	Inchesional annual action and a second and a second and a second annual action and a second and a second and a	a Para Maria
l		Less accumulated depreciation			
		Other assets (describe >)	,		*
` ·	16	Total assets (to be completed by all filers - see the			•
\perp		instructions Also, see page 1, item I)	4,844,472.	5,065,05	<u>0. 11,889,310</u> .
	17	Accounts payable and accrued expenses			
-	18	Grants payable			
es	19	Deferred revenue			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			and the second s
Liabilities	21	Mortgages and other notes payable (attach schedule)			12 (12 mg) 2 mg
	22	Other liabilities (describe >)			
4		Total liabilities (add lines 17 through 22)		NO.	NE
		Foundations that follow SFAS 117, check here ▶ 🔃			
ces		and complete lines 24 through 26, and lines 30 and 31.	,		
a		Unrestricted			
ga		Temporarily restricted			[] [] [] [] [] [] [] [] [] []
핑		Permanently restricted			
틧		Foundations that do not follow SFAS 117, check here $lacksquare$		ļ	
빏		and complete lines 27 through 31.			
S		Capital stock, trust principal, or current funds	4,844,472.	5,065,05	0
ig	28	Paid-in or capital surplus, or land, bldg , and equipment fund			The state of the s
Sign		Retained earnings, accumulated income, endowment, or other funds $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\$\f
ווה		Total net assets or fund balances (see instructions)	4,844,472.	5,065,05	
ž∣		Total liabilities and net assets/fund balances (see		5 065 05	
\perp		instructions)	4,844,472.	5,065,05	
Ľĉ	rt III	Analysis of Changes in Net Assets or Fund Bala			
1	Tota	I net assets or fund balances at beginning of year - Part			4 044 470
		of-year figure reported on prior year's return)		 	
	Ente	r amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •		
	Ente Othe	er amount from Part I, line 27a	_		4.
4	Ente Othe Add	er amount from Part I, line 27a	_	3	5,065,050.
4 5	Ente Othe Add Decr	er amount from Part I, line 27a			5,065,050.

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
_		cribe the kind(s) of property sold (for exick warehouse, or common stock, 200	· ·	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES			!	
_ b		. <u></u> -			-	
С						
<u>d</u>						
e		(0 D	(g) Cost or other basis		//-> Cara and In	1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	ıs (g))
a	2,906,796.		2,348,089.			<u>558,707.</u>
b						·
<u>C</u>						
<u>d</u>						
e		owing gain in column (h) and owned b	the foundation on 12/31/69		0	
		(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	
a						558,707.
_ b						
C	†					
d						
е						
2		or (not canital loce)		2		558,707.
	•			3		
Par			uced Tax on Net Investment In	ncome		
Was			outable amount of any year in the ba	ase perio	d ⁷	Yes X No
1			r; see the instructions before makir	ng anv en	tries.	
<u> </u>	(a)	(b)	(c)	ig uny ch	(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2017	1,529,366.	9,686,074.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.157893
	2016	1,652,941.	8,598,986.			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
2	Total of line 1, column (d)		2		0.998439
3		o for the 5-year base period - divid				
	•		if less than 5 years	3		0.199688
4	Enter the net value of no	oncharitable-use assets for 2018 fr	om Part X, line 5	4	10,	570,290.
5	Multiply line 4 by line 3.			5	2,	110,760.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		6,654.
7	Add lines 5 and 6			7	2,	117,414.
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	nons from Part XII, line 4 preater than line 7, check the box	In Part VI, line 1b, and complete	8 that part		640,789. crate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	The standing of the standing o
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	Carried for the State of the St
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	13,309.
	here and enter 1% of Part I, line 27b	The state of the s
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J	
	Part I, line 12, col (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	<u>NONE</u>
3	Add lines 1 and 2	13,309.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	13,309.
6	Credits/Payments	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 9,304.	
b	Exempt foreign organizations - tax withheld at source	
С	Tax paid with application for extension of time to file (Form 8868) 6c NONE	
d	Backup withholding erroneously withheld	التمانات المتالكة تتألفا
7	Total credits and payments Add lines 6a through 6d	9,304.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	4 005
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	4,005.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11 Par	t VII-A Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
ıa	participate or intervene in any political campaign?	1a X
.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
D	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	
c	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	15. (3.1)
	(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	, 11° , 11°
	on foundation managers. > \$	133 1 232 1 2 2 2
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 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	1 1 1 1 1 1 1
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	hada sa and - "Sanairannan' da mandando
	conflict with the state law remain in the governing instrument?	6 X 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	7 X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	
	MO If the annual is "Ves" to line 7 has the foundation furnished a copy of Form 990 PF to the Attorney Gangral	(A)
Ь	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 <i>General Instruction G</i> ? If "No," attach explanation	8b X
c	ls the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
9	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"	
	complete Part XIV	y x 2
4.0		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X
		990-PE (2019)

Par	Statements Regarding Activities (continued)	T445. 16 (4)	1	
	·		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		X
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>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►			
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		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	and the second s	<i>'</i>	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >		1	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			27.18
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	7-4-6		1.12
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		12	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			2
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)		, L	
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	200		5 P 5
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	WET ITT	X
	Organizations relying on a current notice regarding disaster assistance, check here	123		3,170
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 . 1	Art. C	أنسنا
	were not corrected before the first day of the tax year beginning in 2018?	1c	all the second	X 5.55.25.1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1/45 to
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			100
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	34/24E	ene in	2.45.27
	all years listed, answer "No" and attach statement - see instructions)	2b	TANAN.	443358
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			71.5
	at any time during the year?			
b	of If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	4		
	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	3b	200200	
_	foundation had excess business holdings in 2018.)	4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	44	3 5. W	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b	###\#\	X
—	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	orm 99	0-PF	

。 Par	t VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued)	
5a	During the	e year, did the foundation pay or incur any amo	unt to	•		ুর≛ু Yes No
	(1) Carry	on propaganda, or otherwise attempt to influer	ice legislation (section	4945(e))?	. Yes X No	
	(2) Influe	nce the outcome of any specific public ele	ction (see section 4	955), or to carry on),	
	dırect	ly or indirectly, any voter registration drive?		<i></i>	. Yes X No	
		de a grant to an individual for travel, study, or of			F1 11	
		de a grant to an organization other than a				
	• •	in 4945(d)(4)(A)? See instructions	_		. Yes X No	
		de for any purpose other than religious, ch			ı — —	
		ses, or for the prevention of cruelty to children				
b	If any ar	nswer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in	
		ns section 53.4945 or in a current notice regard				5b
	Organizat	ions relying on a current notice regarding disas	ter assistance, check	here		子。我是一个人的人的人。 第二十二章
С	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," a	ttach the statement required by Regulations see	ction 53.4945-5(d).		•	
6a		foundation, during the year, receive any fun		ectly, to pay premiun	ms	
	on a perse	onal benefit contract?	<i></i>		. Yes X No	
b	Did the fo	oundation, during the year, pay premiums, direct	ly or indirectly, on a p	personal benefit contra	ct ⁷	6b X
	If "Yes" to	6b, file Form 8870		•		
7a	At any tin	ne during the tax year, was the foundation a pai	ty to a prohibited tax	shelter transaction?.	. Yes X No	
b	If "Yes," d	id the foundation receive any proceeds or have	any net income attrib	outable to the transacti	on?	7b
8		ndation subject to the section 4960 tax on pay				
		tion or excess parachute payment(s) during the				
Par	t VIII	Information About Officers, Director and Contractors	rs, Trustees, Fou	ndation ivianager	s, mignly raid Emp	oloyees, ,
1	List all of	ficers, directors, trustees, and foundation		neir compensation.		
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CENT	RAL TRUST	COMPANY	TRUSTEE			
7707	FORSYTH B	LVD., ST_LOUIS, MO 63105	10	47,894.	-0-	-0-
						·
		· · · · · · · · · · · · · · · · · · ·				
<u> </u>						
	Compens	ation of five highest-paid employees	other than thos	e included on line	e 1 - see instruction	ons). If none, enter
_	"NONE."	ation of the inglies para employees				
		43	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,
(a	Name and a	iddress of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other allowances
					,	
NON	E			NONE	NONE	NONE ·
					,	
				•		
				-		
		J				
Tota	number	of other employees paid over \$50,000			.	NONE
						` Form 990-PF (2018)

Form 990-PF (2018)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 'Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	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 of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1NONE	Amount
2	
All other program-related investments. See instructions 3 NONE	
Total. Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
	Average monthly fair market value of securities	1a	10,664,650.
b	Average of monthly cash balances	1b	66,609.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	10,731,259.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	and the	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	10,731,259.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	160,969.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,570,290.
6	Minimum investment return. Enter 5% of line 5	6	528,515.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	idations	
1	Minimum investment return from Part X, line 6	1	528,515.
	Tax on investment income for 2018 from Part VI, line 5		320,313.
∠a	Income tax for 2018. (This does not include the tax from Part VI.)		
		2c	13,309.
C	Add lines 2a and 2b	3	515,206.
3	Distributable amount before adjustments Subtract line 2c from line 1	4	NONE
4	Add lines 3 and 4	5	515,206.
5	Deduction from distributable amount (see instructions)	6	NONE
6	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		101111
7		7	515,206.
	line 1		313,200.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,640,789.
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	Suitability test (prior IRS approval required)		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	1,640,789.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,640,789.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	g whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Page 9

	t XIII Undistributed Income (see instr	ructions)			Page 3
Fa	t XIII Undistributed Income (see instr		(6)	(a)	/4)
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
	line 7	The same of the sa	Carlotte and the state of the s	The state of the s	515,206.
2	Undistributed income, if any, as of the end of 2018		Some land with the state of the		
а	Enter amount for 2017 only		The state of the s	NONE	
	Total for prior years 20,20,20		NONE	English States Mr. English Mills	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014 1,849,356.				
	From 2015				
	From 2016 1,238,494.				
е	From 2017 1,054,364.	1)			[]] [] [] [] [] [] [] [] [] [
f	Total of lines 3a through e	6,766,981.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4-	Qualifying distributions for 2018 from Part XII,				
	line 4 ▶ \$1,640,789			NONE	
а	Applied to 2017, but not more than line 2a	The state of the s	A STATE OF THE STA	NONE	the state of the s
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)	The state of the s	NONE	#12	
С	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	1\01\1	Control of the second of the s		515,206.
	Remaining amount distributed out of corpus	1,125,583	13 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at the table of arthur
	Excess distributions carryover applied to 2018	1/123/303	1 1 1 2 1 1 2 1 1 2 1 2 2 2 2 2 2 2 2 2	11711 X.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	(If an amount appears in column (d), the same amount must be shown in column (a).)	, NONI		The second secon	NONE
6	Enter the net total of each column as				
٠	indicated below:	(
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,892,564		[] 1	
b	Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
е	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions			, NONE	Profession was a state of the profession of the
٠	1		The state of the s		The second secon
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1 This amount must be	Mighable Admir in ghirini di Balballi ya iliyati bala			
	distributed in 2019				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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	required - see instructions)	NON		A SECTION AND A SECTION AND A SECTION AND ASSECTION AND ASSECTION AND ASSECTION ASSECT	
8	Excess distributions carryover from 2013 not				
	applied on line 5 or line 7 (see instructions)	1,657,277			The state of the s
9	Excess distributions carryover to 2019.	6 025 005		The state of the s	
	Subtract lines 7 and 8 from line 6a	6,235,287	The state of the s	1. 医数分裂 指语题 1. 二十二酸酚二酸 植 4. 文艺 表表 1. 表 2. 元 1. 元	
	Analysis of line 9	x 1 1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Excess from 2014 1,849,356. Excess from 2015 967,490.				
	Excess from 2016 1,238,494. Excess from 2017 1,054,364.				
	Excess from 2017				
 •		A company of a same as more than the first terms.	Ja. 44 . 122 . 101 10 10 10 10 10 10 10 10 10 10 10 10	1 - 2 - 20 - 10 - 10 - 20 - 20 - 20 - 20	Form 990-PF (2018)

Form	990-PF (2018)			43-	6348906	Page 10
Pa	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or de	etermination letter tha	it it is a private ope	rating	
	foundation, and the ruling	is effective for 2018, ent	er the date of the ruling		▶	
b	Check box to indicate v	vhether the foundation	is a private operating	foundation described i	n 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) 2018	(b) 2017	(c) 2016	(d) 20 <u>15</u>	(6) 10441
	1 or the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct	•				
_	of exempt activities					
e	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c		<i>\</i>	\ /~~		
•	alternative test relied upon			\times		
а	"Assets" alternative test - enter		_	/ \		
	(1) Value of all assets	***************************************		 		
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)			 		
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				İ	
	public and 5 or more exempt organizations as					
	provided of section 4942					
	(3) Largest amount of sup-					
	port from an exempt					
	(4) Gross investment income					
Pa		tary Information (Complete this part	t only if the found	lation had \$5,000	or more in assets at
		uring the year - see		•		
1	Information Regarding	Foundation Manager	rs:			
				re than 2% of the to	tal contributions rec	eived by the foundation
	before the close of any	tax year (but only if th	ney have contributed	more than \$5,000). (See section 507(d)(2).)
	KATIE POS	E MCCLENDON				
	List any managers of	the foundation who	own 10% or more of	of the stock of a cor	poration (or an equ	ally large portion of the
_	ownership of a partner					, 5 1
		•		-		
	N/A					
-	Information Regarding	Contribution Grant	Gift, Loan, Scholarsh	nip. etc Programs:		<u> </u>
-						. and does not assent
	Check here	ne toundation only	makes contributions	to preselected cha	iritable organizations	s and does not accept under other conditions,
	complete items 2a, b,			ants, cto., to marriat	adia or organizations	ander other conditions,
	The name, address, an			norgan ta whom an	nligations should be	addrassad:
а			r email address of the	e person to whom app	plications should be a	iddressed.
<u></u> .	SEE STATEMENT	3		on and	- المصامية	
þ	The form in which app			on and materials they	snould include	
	SEE ATTACHED S'	L'A'TEMENT FOR L	NE 2			
						
C	Any submission deadli					
	SEE ATTACHED S'	FATEMENT FOR L	INE 2			
						**
d		mitations on awards	, such as by geogi	raphical areas, chari	table fields, kinds	of institutions, or other
	factors					
	SEE ATTACHED S'	TATEMENT FOR L	NE 2			

Part XV Supplementary Information (Part XV Supplementary Information (continued)				
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or App	roved for I	Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	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 22				1,635,000.	
		Ì			
			1		
			,	ł	
			•		
*			▶ 3a	1,635,000.	
Total	<u> </u>			1,035,000.	
b Approved for future payment					
		1			
Total			≥ 3b		

Excluded by section 512, 513, or 514

(e)

Analysis of Income-Producing Activities

Unrelated business income

Enter gross a	amounts unless otherwise indicated.	Unrela	ated 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)
a						
c						
d						
		_				
f						
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					<u> </u>
3 Interest o	n savings and temporary cash investments -					
4 Dividend	s and interest from securities	ļ		14	150,511.	
5 Net renta	al income or (loss) from real estate					
a Debt-	-financed property			<u> </u>		
b Not o	debt-financed property					
6 Net renta	I income or (loss) from personal property			-		
7 Other in	vestment income		ļ 			
8 Gain or (le	oss) from sales of assets other than inventory	v		18	558,707.	
9 Net inco	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory					
1 Other re	venue a					
b					_	
c						
d						
е		ļ			700 010	
	Add columns (b), (d), and (e)		<u> </u>		709,218.	
	dd line 12, columns (b), (d), and (e) · · · eet in line 13 instructions to verify calc					709,218
Part XVI-			ccomplishment of	Exempt Pur	poses	
Line No. ▼	Explain below how each activity accomplishment of the foundation					
						
						
			NOT APPLICAB	LE		
					· · · · · · · · · · · · · · · · · · ·	
				-		
			-			
	<u> </u>					

•						42 (2	10006			_	12
Part XVII			ansfers to and 1	ransactio	ns an		48906 tionships	With N	onchari		ge 13
in secongania Transf (1) Ca (2) Other (1) Sa (2) Pu (3) Re (4) Re (5) Lo. (6) Pe c Sharind d If the value	e organization directletion 501(c) (other zations? ers from the reporting should be reported assets of a sasets from the sasets to a noncontral of facilities, equipal imbursement arrange and or loan guarantee formance of services g of facilities, equipal answer to any of the goods, other assets of the goods.	y or indirectly than section groundation to the charitable exent a noncharitable exent and a noncharitable exent and the comments of the comme	a noncharitable exempt organization of the exempt organization assets.	empt organiz continuous or interest of the continuous or interest	ation c	of Column	7, relating	to politi	1a(1 1b(1 1b(2 1b(3 1b(4 1b(6 1c show the	fair m	narket
(a) Line no	in any transaction or (b) Amount involved		gement, show in co noncharitable exempt orga				goods, other f transfers, trai				
	foundation directly obed in section 501(c)	-						anizations		′es 🗀	X No
b If "Yes	," complete the follow (a) Name of organization		(b) Type of o	rganization			(c) Des	cription of re	lationship		
								,			

	Under penalties of perjury, I declare that I have correct, and complete Declaration of preparer (other			best of my knowledge and belief, it is t
Sign	Quistin M. Carter	CPA 11/12/2019	TAX OFFICER	May the IRS discuss this retu with the preparer shown below
lere	Signature of officer or trustee	Date	Title	See instructions Yes X
	KRISTIN M CARTER			

D - ! -!	Print/Type preparer's name	Date Date	Check If PTIN
Paid	KELLY KOWALCZYK	Lelle Carelles 11/12/2	2019 self-employed P01387686
Preparer	Firm's name ► ERNST & YOUNG	U.S. LLP	Firm's EIN ► 34-6565596
Use Only	Firm's address ► 155 N. WACKER		
	CHICAGO, IL	60606	Phone no 312-879-2000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

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

2018

Employer identification number

ROSEWOOD FOUNDATION		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	X 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 co	vered by the General Rule or a Special Rule.	 -			
· •	(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, contributi property) from any one contributor. Complete Parts I and II. See instructiontributions.				
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 literary, or educationa	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 exclusively for religious, ch I purposes, or for the prevention of cruelty to children or animals. Complet instead of the contributor name and address), II, and III.	arıtable, scientific,			
contributor, during th contributions totaled during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re e year, 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 pto this organization because it received nonexclusively religious, charitable pre during the year	t no such that were received earts unless the , etc., contributions			
Caution: An organization that is	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	dule B (Form 990,			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

ROSEWOOD FOUNDATION

Employer identification number 43-6348906

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	\$200,000.	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	\$95,948.	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	\$105,316.	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	Type of contribution 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)	\$ 118,149.	Type of contribution 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	\$ 118,149.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization ROSEWOOD FOUNDATION

Employer identification number 43-6348906

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

ı aıçı	Continuators (see matractions). Ose auphoate depicts of t	art i ii daditional space to ric	
(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	\$125,915.	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	\$320,024	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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
2	1500 Shares of Ingersoll Rand PLC		
		\$ 150,098.	11/06/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3_	1200 Shares of Boeing Co		
		\$\$09,998.	05/14/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	1400 Shares of Broadcom Inc		
		\$420,056.	05/14/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5_	2150 Shares of Berkshire Hathaway Inc Cl B		
		\$\$	11/06/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6_	6400 Shares of Comcast Corp Cl A		
		\$\$	05/14/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7_	1500 Shares of Home Depot Inc		
		\$\$87,078.	05/14/2019

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
8_	2400 Shares of Thermo Scientific Inc		
		\$638,520.	05/14/2019
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>.</u>		 \$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

STATEMENT

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

FORM 990PF, PART I - TAXES

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STATEMENT

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NET INVESTMENT INCOME	671.
REVENUE AND EXPENSES PER BOOKS	671. 233. 3,102.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL TOTALS

RECIPIENT NAME:

KEVIN BOHN c/o CENTRAL TRUST COMPANY 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

RECIPIENT NAME:

HOPE CLINIC

ATTN: KAREN SIMMS

ADDRESS:

216 S 27TH AVE

HATTIESBURG, MS 39401

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNIVERSITY OF SOUTHERN MISSISSIPPI

FOUNDATION

ADDRESS:

118 COLLEGE DRIVE

HATTIESBURG, MS 39406-0001

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

РC

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:

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:

INTERNATIONAL JUSTICE MISSION

ADDRESS:

PO BOX 96961

WASHINGTON, DC 20090-6961

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

РC

RECIPIENT NAME:

OUR DAILY BREAD

ADDRESS:

PO BOX 2222

GRAND RAPIDS, MI 49501

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 20,000.

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

RECIPIENT NAME:

BILLY GRAHAM EVANGELISTIC

ASSOCIATION

ADDRESS:

1 BILLY GRAHAM PARKWAY

CHARLOTTE, NC 28201

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:

PC

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:

ZOLA LEVITT MINISTRIES

ADDRESS:

PO BOX 12268

DALLAS, TX 75225

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

PC

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:

PC

AMOUNT OF GRANT PAID 60,000.

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:

PC

AMOUNT OF GRANT PAID 50,000.

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:

PC

AMOUNT OF GRANT PAID 40,000.

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:

PC

RECIPIENT NAME:

THE MUSTARD SEED, INC

ADDRESS:

1085 LUCKNEY ROAD

BRANDON, MS 39047

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:

ş

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

РC

AMOUNT OF GRANT PAID 30,000.

RECIPIENT NAME:

STAGES

ADDRESS:

1023 CHESTERFIELD PARKWAY

CHESTERFIELD, MO 63017

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

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:

PC

AMOUNT OF GRANT PAID 45,000.

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:

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:

PC

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:

PC

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:

PC

AMOUNT OF GRANT PAID 35,000.

RECIPIENT NAME:

RICE & BEANS MINISTRIES

ADDRESS:

PO BOX 626

PETAL, MS 39465

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 25,000.

RECIPIENT NAME:

PRESBYTERIAN CHRISTIAN SCHOOL

ADDRESS:

221 BONHOMIE ROAD

HATTIESBURG, MS 39401

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 25,000.

RECIPIENT NAME:

PARKWAY HEIGHTS UNITED METHODIST CHURCH

CHURCH

ADDRESS:

2420 HARDY STREET

HATTIESBURG, MS 39401

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

OPERATIONS MOBILIZATION

ADDRESS:

PO BOX 444

TYRONE, GA 30290

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

PC

AMOUNT OF GRANT PAID 40,000.

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

RECIPIENT NAME:

MISSISSIPPI CENTER FOR PUBLIC POLICY

POLICY

ADDRESS:

520 GEORGE STREET

JACKSON, MS 39202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

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:

PC

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:

PC

AMOUNT OF GRANT PAID 20,000.

RECIPIENT NAME:

JOSHUA FUND

ADDRESS:

PO BOX 2589

MONUMENT, CO 80132

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 25,000.

RECIPIENT NAME:

THE JESUS FILM PROJECT

ADDRESS:

PO BOX 628222

ORLANDO, FL 32862

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

INTERNATIONAL MISSION BOARD

ADDRESS:

P.O. BOX 6767

RICHMOND, VA 23230

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 30,000.

RECIPIENT NAME:

HUB CITY HUMANE SOCIETY

ADDRESS:

95 JACKSON RD

HATTIESBURG, MS 39402

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:

HOMES OF HOPE FOR CHILDREN

ADDRESS:

PO BOX 18496

HATTIESBURG, MS 39404

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 40,000.

RECIPIENT NAME:

GUIDING EYES FOR THE BLIND

ADDRESS:

611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

GLOBAL OUTREACH

ADDRESS:

PO BOX 1

TUPELO, MS 38802

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

GIDEONS INTERNATIONAL

ADDRESS:

PO BOX 140800

NASHVILLE, TN 37214

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 85,000.

RECIPIENT NAME:

FRENCH CAMP ACADEMY

ADDRESS:

ONE FINE PLACE

FRENCH CAMP, MS 39745

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF CHARITABLE PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 50,000.

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 15,000.

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

AMOUNT OF GRANT PAID 30,000.

•

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

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:

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:

РC

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:

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:

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:

РC

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

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

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

ROSEWOOD FOUNDATION 43-6348906 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

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

TOTAL GRANTS PAID:

1,635,000.

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