TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2017

Prepared for	
	Rose Foundation 600 South Cherry Street No. 1200 Denver, CO 80246
Prepared by	Plante & Moran, PLLC 8181 E. Tufts Avenue, Suite 600 Denver, CO 80237-2579
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2018
Special Instructions	The return should be signed and dated.

Form 990-T	6	Exempt Orga	nization Bu	sine	ss Income 7	Tax Return	n	OMB	No. 1545-0687
	(and proxy tax under section 6033(e))							2	017
	For calendar year 2017 or other tax year beginning, and ending, and ending							Ľ	U 1/
Department of the Treasury Internal Revenue Service		Do not enter SSN numbe). T	Open to F 501(c)(3) (Public Inspection to Organizations Only
A Check box if address changed		Name of organization (L	Check box if name	changed	and see instructions.)		Empl	oyer ident loyees' tru ictions.)	ification number Ist, see
B Exempt under section	Print	Rose Foundation						4-0418	
x 501(c)(3)	or Type	Number, street, and roon		•	structions.			ated busir Instruction	ness activity codes s.)
408(e) 220(e)		600 South Cherry					ļ		
408A 530(a)		City or town, state or pro Denver CO 80246		or foreigr	i postal code		52599	20	523920
C Book value of all assets		F Group exemption num			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • •	<u>p2555</u>		
at end of year 310,088	,831.	G Check organization typ	<u> </u>	poration	501(c) trust	401(a)) trust	1	Other trust
H Describe the organization									
During the tax year, was	the corp	poration a subsidiary in an a	affiliated group or a pare	nt-subsi	diary controlled group?		Ye	s x	No
		tifying number of the paren	t corporation. 🕨						
J The books are in care of						one number 🕨 3		8-7400	
		de or Business Inc	ome		(A) Income	(B) Expenses	S		(C) Net
1a Gross receipts or sale			.						
b Less returns and allow			c Balance 📖 🕨	10					
		A, line 7)		2					
3 Gross profit. Subtract				3	77 677				
		h Schedule D) art II, line 17) (attach Form		4a 4h	77,677.				77,677
		sts		40 4c	-33,319.				-33,319.
		ips and S corporations (att		40 5	202,640.	Stmt 1			202,640.
6 Rent income (Schedu			-	6		Dome 1			202,040.
		ne (Schedule E)		$\frac{1}{7}$					
		ind rents from controlled o		8					
		on 501(c)(7), (9), or (17) or		9					
		me (Schedule I)		10					
)		11					
12 Other income (See ins	struction	s; attach schedule)		12					
		gh 12		13	246,998.				246,998.
		ot Taken Elsewher							
		itions, deductions must						·	
		rectors, and trustees (Sche					14		
							15		
AT D 1 1 1 1							16		
							17	··· ··	
19 Taxes and licenses				•••••	•••••••••••••••••••••••••••••••••••••••	••••••	18 19		571.
20 Charitable contributio	nns (See	instructions for limitation	rules) See Statem	ent 4	See Statemen	 t 2	20		0.
		i62)					20		
		Schedule A and elsewhere					22b		
							23		7,295.
24 Contributions to defe	rred cor	npensation plans					24	_	<u> </u>
25 Employee benefit pro	grams						25		
26 Excess exempt experience	nses (Sc	heduie I)					26		
27 Excess readership co	osts (Sch	redule J)					27		
28 Other deductions (att	ach sch	edule)			See Statemen	t 3	28		28,113.
29 Total deductions. Ac	ld lines	14 through 28					29		35,979.
		come before net operating					30		211,019.
31 Net operating loss de	duction	(limited to the amount on I	ine 30)		See Statemen	£ 5	31		211,019.
32 Unrelated business ta	ixable in	come before specific dedu	ction. Subtract line 31 fr	om line 3 V	su		32		0.
		\$1,000, but see line 33 ins income. Subtract line 33 fr					33		1,000.
		Income. Subtract line 33 in					34		0.
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Form 990-	T(2017) Rose Foundation		84-04181	24		Page 2
Part	III Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.	****				
	Controlled group members (sections 1561 and 1563) check here See instructions	and.				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or					
	(1) \$ (2) \$ (3) \$		Ĩ			
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		_			
-	(2) Additional 3% tax (not more than \$100,000)					
c	Income tax on the amount on line 34		05.		0	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	nt on line 04	🕨	35c		0.
	Tax rate schedule or Schedule D (Form 1041)					
37	Prove tax. See instructions			36		
38	Proxy tax. See instructions			37		
39		••••••		38		
40	Tax on Non-Compliant Facility Income. See instructions	••••••	••••••	39		
Concession of the local division of the loca	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies V Tax and Payments			40		0.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	141		in the second second		
41a b						
		. 41b		-		
с 	General business credit. Attach Form 3800	41c		-		
a	Credit for prior year minimum tax (attach Form 8801 or 8827)	. 41d				
	Total credits. Add lines 41a through 41d			41e		
42	Subtract line 41e from line 40			42		0.
43				43		
44	Total tax. Add lines 42 and 43			44		0.
45 a	Payments: A 2016 overpayment credited to 2017	. 45a				
D	2017 estimated tax payments	. 45b	the second s			
C	Tax deposited with Form 8868	. 45c				
a	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
e	Backup withholding (see instructions)	. 45e				
	Credit for small employer health insurance premiums (Attach Form 8941)					
g	Other credits and payments: Form 4136 Other					
40	Form 4136 Other Total	45g		REMARK!		
46	Total payments. Add lines 45a through 45g			46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		🕨	48		٥.
49 50	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	r	1000 M 10 M 10 M 10	49		٥.
Part V	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded 🕨	50		
and the second	gar ang e e tan / te tritie and e the i merinat					
	At any time during the 2017 calendar year, did the organization have an interest in or a signatur				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organizatio					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the here	e toreign cou	intry			
						X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or the If YES, see instructions for other forms the organization may have to file.	transteror to	, a foreign trust?		Summer Stationers of	X
	Enter the amount of tax-exempt interest received or accrued during the tax year					
	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and	d atatamanta .a	nd to the best of multiplication	de d	THE REAL	CIUDACI CONTRACTOR
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any kr	no to the best of my know nowledge.	ledge and bellet, it	is true,	
Here	Annue M Larcia 1/14/18 CFO AND CO	~~		y the IRS discuss t		with
	Signature of officer Date Date	00		preparer shown be		I
					Yes	No
	Print/Type preparer's name Preparer's signature Di	ate	Check if	PTIN		
Paid	Pori J. Eggett Dori J. Eggett 11	112/10	self- employed	-		
Prepa		./13/18		P0064525		
Use O	8181 E. Tufts Avenue, Suite 600		Firm's EIN 🕨	38-13579	51	
	Firm's address Denver, CO 80237-2579		Dha			
	THIN 3 4001635 PETVET, CO 60237-2579		Phone no. 30	3-740-9400		

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1 Inventory at beginning of year				aluation 🕨 N/A					
i involutory at beginning or year	1			Inventory at end of year	ar		6		
				Cost of goods sold. S					-
3 Cost of labor	st of labor 3 from line 5. Enter he				and in	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section			•	Yes	No
b Other costs (attach schedule)	4b			property produced or	acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					x
Schedule C - Rent Income (Fre (see instructions)	om Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	perty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2.		ed or accrued				3(a)Deductions directly	connected with the		
(a) From personal property (if the percenta rent for personal property is more than 10% but not more than 50%)	ge of	of rent for p	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	d 2(b) (attach schedu	ile)	1
(1)				·····	·				
(2)									
(3)								· · · ·	
(4)									
Total	0.	Total		· · · · · · · · · · · · · · · ·	٥.				
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)		►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			٥.
Schedule E - Unrelated Debt-F	inanced	Income (see	instru	ctions)					<u> </u>
			2	Gross income from		3. Deductions directly conn to debt-finance		ole	
1. Description of debt-financed	d property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sch	ductions nedule)	;
(1)									
(2)						······	··· ·		—
(3)			<u> </u>		······				
(4)									
 Amount of average acquisition debt on or aliocable to debt-financed property (attach schedule) 	of or al debt-finar	adjusted basis llocable to ced property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) and	al of colu	ńs Imns
(1)		·····		%					
(2)				%					
(3)				%		··· · · · · · · · · · · · · · · · · ·			<u> </u>
(4)			<u> </u>	%					
<u> </u>		<u> </u>	1			iter here and on page 1, art I, line 7, column (A).	Enter here and Part I, line 7, c		
Totals							1	(D	<i>"</i>
Total dividends-received deductions include				-		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>

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Form 990-T (2017) Rose Foun		1					8	84-04181	24	Page
Schedule F - Interest, A	Annuities, Roy	alties, an					ation	I S (see ins	struction	ns)
1				Controlled O	<u> </u>					
J. Name of controlled organizat	Name of controlled organization 2. Employ identification number		3. Net ur (loss) (se	related income e instructions)		otal of specified ments made	include	of column 4 d in the contr tion's gross i	rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable income	8. Net unrelated inc		9. Tota	of specified payr	nents	10. Part of colum	nn 9 that i	is included	11. De	eductions directly connected
	(see instructio	ons)		made		in the controlli gross	ng organiz income	zation's	with	n income in column 10
								ļ.		
(1)										
(2)										
(3)										
(4)								T		
						Add colum Enter here and				d columns 6 and 11. here and on page 1, Part I,
Fotals						line 8, c	olumn (A).	0.		line 8, column (B).
Schedule G - Investme	nt Income of a	Section	501(c)((7), (9), or (17) O	ganization				0
	iption of income			2. Amount of i	ncome	3. Deduction directly connect (attach schedu	ted	4. Set-a (attach so		5. Total deductions and set-asides
(1)				· · · · · ·		(ditacit sched)		····		(col. 3 plus col. 4)
(2)										
(3)										
(4)										
				Enter here and o	n page 1,					Enter here and on page 1
				Part I, line 9, coli	umn (A).					Part I, line 9, column (B).
Fotals			►		Ο.					0
Schedule I - Exploited I	Exempt Activit	y Income	, Othe	r Than Ad	vertisi	ing Income				
(see instruc						U				
	0	3. Expe	inses	4. Net income	e (loss)	-				7
1. Description of	2. Gross unrelated business	directly cor with prod	nnected	from unrelated business (coli		 Gross incon from activity th 	ne at	6. Expe	nses	 Excess exempt expenses (column
exploited activity	income from trade or business	of unrel	ated	minus column gain, compute	3). If a cols. 5	is not unrelate business incon	d	attributal colum		6 minus column 5, but not more than
		business i	ncome	through 7						column 4),
(1)										
(2)										
(2) (3)										
(4)										
	Enter here and on page 1, Part I,	Enter here page 1, F								Enter here and
	line 10, col. (A).	line 10, co		22						on page 1, Part II, line 26.
otals ►	0.		0.							0.
Schedule J - Advertisin	g Income (see	instructions)							
Part I Income From P	eriodicals Rep	orted on	a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising		Direct	4. Advertis or (loss) (col	2 minus	5. Circulatio	n I	6. Readers	ship	7. Excess readership costs (column 6 minus
	income	aoverti	ising costs	col. 3). If a gain cols. 5 thre	ough 7.	e income		costs		column 5, but not more than column 4).
(1)					100					
(2)				_		ļ				
(3)				_						
(4)										A
otais (carry to Part II, line (5))		0.	C							0.

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84-0418124

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation income		
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.).			0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Fotals, Part II (lines 1-5) 🕨	Ο.					o
Schedule K - Compensation	n of Officers,	Directors, ar	nd Trustees (see in:	structions)		
1. Name			2. Title	3. Percent time devoted business	Com	pensation attributable related business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
fotal. Enter here and on page 1, Part II, in						

Form 990-T (2017)

Page 5

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1626
Form 4ULU
Department of the Treasury
Internal Revenue Service

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Qualified Under Small Corporation Exemption Alternative Minimum Tax - Corporations Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

омв No. 1545-0123

Name	3					Employer identification number
	Rose Foundation					84-0418124
	Note: See the instructions to find out if the corporation is a small corporation exempt					
	from the alternative minimum tax (AMT) under section 55(e).					
1	Taxable income or (loss) before net operating loss deduction	• • • • • • • • • • • • • •		•••••	1	210,019.
2	Adjustments and preferences:					
a	Depreciation of post-1986 property				2a	2,891.
b	Amortization of certified pollution control facilities				<u>2b</u>	*·
C	Amortization of mining exploration and development costs				2c	
d	((2d	
e	, , ,				2e	-275.
f	•				2f	
g	Merchant marine capital construction funds				2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)				2h	
i	Tax shelter farm activities (personal service corporations only)			•••••	2i	
j	Passive activities (closely held corporations and personal service corporations only)				2j	
	Loss limitations				2k	
1	Depletion				21	1,202.
	n Tax-exempt interest income from specified private activity bonds				2m	
n	Intangible drilling costs				2n	53,020.
	Other adjustments and preferences				20	-26,686.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				3	240,171.
4	Adjusted current earnings (ACE) adjustment:					
	ACE from line 10 of the ACE worksheet in the instructions	4a		240,171.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a					
	negative amount. See instructions	4b		٥.		
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c				
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior					
	year ACE adjustments over its total reductions in AMTI from prior year ACE					
	adjustments. See instructions. Note; You must enter an amount on line 4d					
	(even if line 4b is positive)	4d				
е	ACE adjustment.					
	 If line 4b is zero or more, enter the amount from line 4c 	٦				
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	₿	••••••		4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT				5	240,171.
6	Alternative tax net operating loss deduction. See instructions				6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	ı residual				
	interest in a REMIC, see instructions				7	240,171.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	line 8c):				
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	1 . 1				
	group, see instructions. If zero or less, enter -0-	8a		90,171.		
b	Multiply line 8a by 25% (0.25)	8b		22,543.		
C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control					
	group, see instructions. If zero or less, enter -0-				8c	17,457.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	222,714.			
10	Multiply line 9 by 20% (0.20)	10	44,543.			
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	••••••			11	
12	Tentative minimum tax. Subtract line 11 from line 10			•••••	12	0.
13	Regular tax liability before applying all credits except the foreign tax credit				13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here					
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1			14	Ο.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

*	See	also
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See Statement 6

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Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from I	ine 3 of Form 4626			240,171.
2 ACE depreciation adjustment:		1.1		
		2a		
b ACE depreciation:				
(1) Post-1993 property				
(2) Post-1989, pre-1994 property				
(3) Pre-1990 MACRS property				
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)				
(6) Other property				
(7) Total ACE depreciation. Add lines 2b(1)	• • • • • • • • • • • • • • • • • • • •	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(,		<u>2</u> c	
3 Inclusion in ACE of items included in earnings a		1 1		
a Tax-exempt interest income				
b Death benefits from life insurance contracts				
c All other distributions from life insurance contra				
d Inside buildup of undistributed income in life in	surance contracts	3d		
e Other items (see Regulations sections 1.56(g)-	1(c)(6)(iii) through (ix)			
for a partial list)		3e		
f Total increase to ACE from inclusion in ACE of	tems included in E&P. Add lines 3a tl	nrough 3e	3f	
4 Disallowance of items not deductible from E&P				
a Certain dividends received		4a		
${f b}$ Dividends paid on certain preferred stock of public utilit				
affected by P.L. 113-295, Div. A, section 221(a)(41)(A), D	9ec. 19, 2014, 128 Stat. 4043)	4b		
c Dividends paid to an ESOP that are deductible u	Inder section 404(k)	4c		
d Nonpatronage dividends that are paid and dedu	ctible under section			
1382(c)		4d		
e Other items (see Regulations sections 1.56(g)-	1(d)(3)(i) and (ii) for a			
partial list)		4e		
f Total increase to ACE because of disallowance			4f	
5 Other adjustments based on rules for figuring E	&P:			
a Intangible drilling costs		5a		
e Installment sales				
f Total other E&P adjustments. Combine lines 5a			5f	
6 Disallowance of loss on exchange of debt pools	• • • • • • • • • • • • • • • • • • • •			
7 Acquisition expenses of life insurance companie				
9 Basis adjustments in determining gain or loss fr				
 Adjusted current earnings. Combine lines 1, 20 				
			10	240,171.
				,

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Form 990-T Income (Loss and S	Statement 1		
Description		Amount	
Commonfund Capital Internation	nal Partners V, LP	-32.	
Commonfund Capital Internation		740.	
Commonfund Capital Natural Res		-5,520.	
Commonfund Capital Natural Res		194,391.	
Commonfund Capital Private Equ	ity Partners VI, LP	2,706.	
Commonfund Capital Private Equ		-5,325.	
Commonfund Capital Venture Par		90.	
Commonfund Capital Venture Par		337.	
Special Value Opportunities Fu		1,067.	
Tennenbaum Opportunities Fund		1,469.	
Tennenbaum Opportunities Fund	VI, LLC	6,392.	
Platte River Ventures II, LP		8,089.	
Peabody International Real Est		-1,648.	
Northgate Venture Partners VI, IRVING PLACE CAPITAL PARTNERS		-10.	
IRVING PLACE CAPITAL PARTNERS	11, 11	-106.	
Total to Form 990-T, Page 1, 1	202,640.		
Form 990-T	Contributions	Statement 2	
Description/Kind of Property	Method Used to Determine FMV	Amount	
Cash Only	N/A	11,250,143.	
Total to Form 990-T, Page 1, 1	ine 20	11,250,143.	
	·		
Form 990-T	Other Deductions	Statement 3	
Description		Amount	
INVESTMENT MANAGEMENT FEES TAX RETURN PREPARATION FEES		23,913. 4,200.	
Total to Form 990-T, Page 1, 1	ine 28	28,113.	
Total to Form 990-T, Page 1, 1	ine 28	28,1	

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Form 990-T	Contributions Summary		Statement	4
Qualified Contribu	tions Subject to 100% Limit			
Carryover of Prior For Tax Year 201 For Tax Year 201 For Tax Year 201	.3			
For Tax Year 201 For Tax Year 201	5,220,00			
Total Carryover Total Current Year	10% Contributions	17,374,077 11,250,143		
Total Contribution Taxable Income Lim	s Available itation as Adjusted	28,624,220 0		
Excess 10% Contrib Excess 100% Contri Total Excess Contr	butions	28,624,220 0 28,624,220		
Allowable Contribu	tions Deduction			0
Total Contribution	Deduction			0

Statement(s) 4 5040-011

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84-0418124 _____

Form 990-T	Net	Operating Loss I	Deduction	Statement 5
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/13 12/31/16	377,062. 312,838.	3,15 4. 0.	373,908. 312,838.	373,908. 312,838.
NOL Carryov	ver Available This	Year	686,746.	686,746.

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Form 4626	AMT Contributions	Statement 6
Carryover of Prior Years Unu For Tax Year 2012 For Tax Year 2013 For Tax Year 2014 For Tax Year 2015 For Tax Year 2016	sed Contributions	
Total Carryover Current Year Contributions		
Total Contributions 10% of Taxable Income as Adj	usted	11,250,143 26,686
Excess Contributions		11,223,457
Allowable Contributions		26,686

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84-0418124

Form 4626	Other AMT Adjustments	Statement 7
Description		Amount
Charitable Contributions		-26,686.
Total to Form 4626, Line	20	-26,686.

80 13331113 138837 5040-01 2017.05000 Rose Foundation Statement(s) 7 5040-011

SCHEDULE D

Name

• •

(Form 1120) Department of the Treasury Internal Revenue Service

OMB No. 1545-0123

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

Employer identification number

Ĺ

Rose Foundation				84-0	418124
Part I Short-Term Capital Ga	ains and Losses - As	sets Held One Yea	nr or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g))	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	77,677.				77,677.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7	· · · · · · · · · · · · · · · · · · ·	4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	77,677.
Part II Long-Term Capital Gai				-	
See instructions for how to figure the amounts					
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	9,	(1) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)´	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9	••••••••••••••••••••••••••••••••••••••			11	······································
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-king	•		T	13	
14 Capital gain distributions		••••••	•	14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	h		15	
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir		loss (line 15)		16	77,677.
17 Net capital gain. Enter excess of net long-term			- 7)	17	
18 Add lines 16 and 17. Enter here and on Form					
has qualified timber gain, also complete Part	V	-	,	18	77,677.
Note: If losses exceed gains, see Capital loss			L		

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2017

721051 03-01-18

13331113 138837 5040-01

	84-0418124	Page 2
	ions.	
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		4400 00
	20 20 21 23 ropriate for 25 26 26	Imber Gain. Complete Part IV only if the corporation has form 1120-RIC. See instructions. 19 20 20 21 21 22 23 22 23 22 23 24 25 26 26 27 28 29

Schedule D (Form 1120) 2017

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Form	8949
	nt of the Treasury evenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

ence No. **12A**

Name(s) shown on return

Rose Foundation

Social security number or taxpayer identification no.

84-0418124

Attachment Sequence N

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box, If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in	(f) (g)		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
From Partnership K-1			2,652.				2,652.
From Partnership K-1			75,025.				75,025.
							<u></u>
	· · · · · · · · · · · · · · · · · · ·						
						· · · · · · · · · · · · · · · · · · ·	
			_				
2 Totals. Add the amounts in colu negative amounts). Enter each te							
Schedule D, line 1b (if Box A ab	••						
above is checked), or line 3 (if E			77,677.				77,677.
Note: If you checked Box A above b adjustment in column (g) to correct t	ut the basis repo he basis. See Co	orted to the IRS solumn (g) in the s	was incorrect, ent eparate instructio	er in column (e) the ns for how to figur	e basis as e the amo	reported to the IR unt of the adjustm	S, and enter an ient.

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

	1			usiness Prope			1	OMB No. 1545-0184
Forr	" 4797	(Also Invo	Under Section	rsions and Recap is 179 and 280F(b)(2))			2017
	rtment of the Treasury	.		o your tax return.				Attachment
	al Revenue Service	Go to www.irs.go	ov/Form4797 fo	or instructions and	d the latest infor	nation.	l Ide	Sequence No. 27
	(,)							,,
Ros	e Foundation							84-0418124
	inter the gross proceeds from sal		•	2017 on Form(s) 10	099-B or 1099-S			
<u> </u>	or substitute statement) that you						1	
Pa	ITLE Sales or Exchange Other Than Casu					instructions)		ons From
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or oth basis, plus improvements a expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
From	m Partnership K-1				· · ·	33,3	19.	-33,319.
								<u> </u>
3	Gain, if any, from Form 4684, lir	те 39					3	
4	Section 1231 gain from installm						4	
5	Section 1231 gain or (loss) from						5	
6	Gain, if any, from line 32, from c						6	
7	Combine lines 2 through 6. Ente					35.2	7	-33,319.
	Partnerships (except electing instructions for Form 1065, Sch below.							
	Individuals, partners, S corpor from line 7 on line 11 below and 1231 losses, or they were recap the Schedule D filed with your r	d skip lines 8 and 9. If otured in an earlier yea	line 7 is a gain a ar, enter the gai	and you didn't hav n from line 7 as a l	e anv prior vear se	ection ain on		
8	Nonrecaptured net section 123	1 losses from prior ve	ars. See instruc	tions		201	8	
9	Subtract line 8 from line 7. If zer							
	line 9 is more than zero, enter th							
	capital gain on the Schedule D	filed with your return.	See instruction	s			9	
Pa	rt II Ordinary Gains a	nd Losses (see ins	structions)					
10	Ordinary gains and losses not ir	ncluded on lines 11 th	rough 16 (inclu	de property held 1	year or less):			
	Long Many from Rev 7		· ·			I		/ 33.340
11 10	Loss, if any, from line 7	int from line 9, if each	aabla				11	(
12 13	Gain, if any, from line 7 or amou						12	
13 14	Gain, if any, from line 31 Net gain or (loss) from Form 468	84 lines 31 and 38a					<u>13</u> 14	
15	Ordinary gain from installment s	ales from Form 6252	line 25 or 36				15	
16	Ordinary gain or (loss) from like-	kind exchanges from	Form 8824			·····	16	
17	Combine lines 10 through 16						17	-33,319.
18	For all except individual returns,	enter the amount fro	m line 17 on the	e appropriate line d	of your return and	skip lines	•• 1	
	a and b below. For individual ret	turns, complete lines a	a and b below:					
а	If the loss on line 11 includes a l the part of the loss from income from property used as an emplo See instructions	producing property o byee on Schedule A (F	on Schedule A (form 1040), line	Form 1040), line 28 23. Identify as fro	8, and the part of m "Form 4797, line	the loss e 18a."		
b	Redetermine the gain or (loss) o	-	e loss, if any, or	n line 18a. Enter he	ere and on		8a	
LHA		ct Notice see separa			<u></u>	1	8b	Form 4797 (2017)
L(1/4		or nonce, see separa	ate mod uctions					10111 4/9/ (2017)

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(b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Α в С D These columns relate to the properties on lines 19A through 19D. **Property A Property B Property C** Property D ► 20 Gross sales price (Note: See line 1 before completing.) 20 21 Cost or other basis plus expense of sale 21 22 Depreciation (or depletion) allowed or allowable ... 22 23 Adjusted basis. Subtract line 22 from line 21 23 Total gain. Subtract line 23 from line 20 24 24 25 If section 1245 property: a Depreciation allowed or allowable from line 22 25a b Enter the smaller of line 24 or 25a 25b If section 1250 property: If straight line depreciation 26 was used, enter -0- on line 26g, except for a corporation subject to section 291. a Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) **26**f g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't 26g 27 dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). 27a a Soil, water, and land clearing expenses b Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c If section 1254 property: 28 a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a b Enter the smaller of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions 29b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion		
	from other than casualty or theft on Form 4797, line 6	32	
Pa	art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops t	o 50°	% or Less

(see instructions)													
											(a) Section 179	(b) Section 280F(b)(2)	
00 0 11 170													_

			179	 .00r(d)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				 4707