Form **990-PF** 

Department of the Treasury Internal Revenue Service

# **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. Go to www.irs.gov/Form990PF for instructions and the latest information.



For calendar year 2022 or tax year beginning , and ending							
Nam	e of	foundation			A Employer identification	number	
		K ROSE FOUNDATION INC.			87-4415201		
		nd street (or P.O. box number if mail is not delivered to street a • BOX 690122	ddress)	Room/suite	B Telephone number 951-760-12	24	
		own, state or province, country, and ZIP or foreign p	ostal code	I	C If exemption application is p		
		LEEN, TX 76549			_		
G Ch	eck	all that apply: X Initial return	Initial return of a fo	rmer public charity	<b>D</b> 1. Foreign organizations	s, check here	
		Final return	Amended return		2. Foreign organizations me check here and attach co	eting the 85% test,	
H Ch	eck	type of organization: X Section 501(c)(3) ex			E If private foundation sta		
			Other taxable private founda	tion	under section 507(b)(1)		
I Fair		rket value of all assets at end of year 🛛 J Accounti	ng method: 🛛 🗙 Cash	Accrual	<b>F</b> If the foundation is in a		
(fro	m P	Part II, col. (c), line 16) 01	ther (specify)		under section 507(b)(1)		
9		2,940,431. (Part I, colur	nn (d), must be on cash basi	s.)		1	
Par	tl	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	3,115,630.		N/A		
	2 3	Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	28,660.	28,660	,	STATEMENT 2	
	5a	Gross rents					
		Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10	11,551.			STATEMENT 1	
Revenue	b	Gross sales price for all 3,597,875.		1 055 624			
Seve		Capital gain net income (from Part IV, line 2)		1,955,634	•		
	8	Net short-term capital gain					
.	9	Income modifications Gross sales less returns					
		Less: Cost of goods sold					
		Gross profit or (loss)					
.	11	Other income					
· ·	12	Total. Add lines 1 through 11	3,155,841.	1,984,294	•		
i	13	Compensation of officers, directors, trustees, etc.	70,000.	2,800.	,	11,200.	
ŀ	14	Other employee salaries and wages					
	15	Pension plans, employee benefits	5,852.	234	•	936.	
Ses		Legal fees					
Expenses	b	Accounting fees	9,874.	9,311		94.	
Ĕ.	C 17	Other professional fees STMT 3	1,066.	1,066		0.	
.≥∣	17 18	Interest	275.	275		0.	
<u>stra</u>	19	Depreciation and depletion	2750	273			
ili	20	Occupancy					
Adn	21	Travel, conferences, and meetings	1,441.	0 .	•	0.	
	22	Printing and publications					
Operating and	23	Other expenses STMT 5	3,020.	17.		68.	
<u>atir</u>	24	Total operating and administrative					
bet		expenses. Add lines 13 through 23	91,528.	13,703		12,298.	
4		Contributions, gifts, grants paid	38,400.			38,400.	
12	26	Total expenses and disbursements.	120 020	10 700		50 600	
-+	7	Add lines 24 and 25	129,928.	13,703	•	50,698.	
<b> </b>		Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	3,025,913.				
		Net investment income (if negative, enter -0-)	5,525,515.	1,970,591			
		Adjusted net income (if negative, enter -0-)		, , , , , , , , , , , , , , , , , , , ,	N/A		
-							

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2022) ROCK ROSE FOUNDATION INC.				87-4	87-4415201 Page			
				End of	year			
F	arı	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing		35,683.	35,683.			
		Savings and temporary cash investments						
	3	Accounts receivable						
		Less: allowance for doubtful accounts						
	4	Pledges receivable						
		Less: allowance for doubtful accounts						
	5	Grants receivable						
		Receivables due from officers, directors, trustees, and other						
		disqualified persons						
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts						
s	8	Inventories for sale or use						
Assets		Prepaid expenses and deferred charges						
As		Investments - U.S. and state government obligations						
		Investments - corporate stock STMT 6	0.	2,990,230.	2,904,748.			
		Investments - corporate bonds						
		Investments - land, buildings, and equipment: basis						
		Less: accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other						
		Land, buildings, and equipment: basis						
	· ·	Less: accumulated depreciation						
	15	Other assets (describe )						
		Total assets (to be completed by all filers - see the						
	10	instructions. Also, see page 1, item I)	0.	3,025,913.	2,940,431.			
	17	Accounts payable and accrued expenses						
		Grants payable						
		Deferred revenue						
Liabilities		Loans from officers, directors, trustees, and other disqualified persons						
bili	21	Mortgages and other notes payable						
Lia		Other liabilities (describe )						
	~~							
	23	Total liabilities (add lines 17 through 22)	0.	0.				
	20	Total liabilities (add lines 17 through 22)         Foundations that follow FASB ASC 958, check here         X						
		and complete lines 24, 25, 29, and 30.						
ces	24	Net assets without donor restrictions	0.	3,025,913.				
aŭ		Net assets with donor restrictions		5702575250				
or Fund Balances	20	Foundations that do not follow FASB ASC 958, check here						
pur		and complete lines 26 through 30.						
r F.	26	Capital stock, trust principal, or current funds						
	27	Paid-in or capital surplus, or land, bldg., and equipment fund						
set	28	Retained earnings, accumulated income, endowment, or other funds						
As	29	Total net assets or fund balances	0.	3,025,913.				
Net Assets	23			5702575250				
_	30	Total liabilities and net assets/fund balances	0.	3,025,913.				
Ρ	art	III Analysis of Changes in Net Assets or Fund Ba	lances					
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line :	29					
	(mus	st agree with end-of-year figure reported on prior year's return)			0.			
2		r amount from Part I, line 27a			3,025,913.			
3	Othe				0.			
4	Add	lines 1, 2, and 3			3,025,913.			
5	Decr	eases not included in line 2 (itemize)		5	0.			

3,025,913. 0. 3,025,913. Form **990-PF** (2022)

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5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

	K ROSE FOUNDATIO				87	-4415	201 Page 3
Part IV Capital Gains	and Losses for Tax on In	vestment Income					
	the kind(s) of property sold (for exar arehouse; or common stock, 200 shs		(b) H P - D -	łow acquired - Purchase - Donation	(c) Date ac (mo., day		(d) Date sold (mo., day, yr.)
1a CHARLES SCHWAB	X-0841 (PUB. TRA	ADED )					
<b>b</b> CHARLES SCHWAB	-	ADED)		D			
c CHARLES SCHWAB	-	ADED)		D			
d CAPITAL GAINS	DIVIDENDS						
<u>e</u>		1					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale				n or (loss) f) minus (g	))
a 475,122.		510,71	L4.				-35,592.
b 3,060,506.		1,087,81				1	,972,696.
c 62,214.		43,71	L7.				18,497.
d 33.							33.
е							
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69.			(I) Gains (Col	. (h) gain m	inus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any		CI	ol. (k), but no Losses (fi	rom col. (h)	-0-) or  )
a							-35,592.
b						1	,972,696.
C							18,497.
d							33.
e							
• Conital gain not income or (not or	If gain, also enter	in Part I, line 7		2		1	,955,634.
2 Capital gain net income or (net ca	•	- in Part I, line 7	┈ᄼ╞	2		<u>⊥</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3 Net short-term capital gain or (los							
Part I line 8	column (c). See instructions. If (loss	s), enter -0- m		3		N/A	
Part V Excise Tax Bas	sed on Investment Incom	e (Section 4940(a), 49	940(b	), or 4948	- see inst	ruction	s)
1a Exempt operating foundations	described in section 4940(d)(2), cheo	ck here and enter "I	N/A" on	line 1.	)		
	letter: (at				1		27,391.
	enter 1.39% (0.0139) of line 27b. Ex						
	2, col. (b)						
2 Tax under section 511 (domes	tic section 4947(a)(1) trusts and taxa	ble foundations only; others, er	nter -0-	·)	. 2		0.
3 Add lines 1 and 2					. 3		27,391.
4 Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations only; others, e	enter -0	-)	4		0.
5 Tax based on investment inco	me. Subtract line 4 from line 3. If ze	ro or less, enter -O-			5		27,391.
6 Credits/Payments:							
	nd 2021 overpayment credited to 20				0.		
	tax withheld at source				0.		
	tension of time to file (Form 8868)				0.		
	y withheld				0.		0
7 Total credits and payments. Ad	d lines 6a through 6d	<b>T</b>					0.
	ment of estimated tax. Check here						1,080.
	and 8 is more than 7, enter <b>amount</b> (						28,471.
	than the total of lines 5 and 8, enter	the amount overpaid					
11         Enter the amount of line 10 to be: Credited to 2023 estimated tax         Refunded							

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# Form 990-PF (2022) ROCK ROSE FOUNDATION INC. Part VI-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		x
-	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
с	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. \$ 0 . (2) On foundation managers. \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
-	managers. \$ 0.			
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
	If "Yes," has it filed a tax return on Form 990-T for this year? $N/A$	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
Ŭ	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
Ŭ	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		x
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
'		-		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	TX			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	Х	
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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.ROCK-ROSE.ORG		•	
14	The books are in care of MICHAEL HOMMEL Telephone no. 951-76	0-1	224	
	Located at 102 HI RIDGE DR., KILLEEN, TX ZIP+4 76			
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 15	N	/A	
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			
		rm <b>99</b> 0	)-PF	(2022)

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Part VI-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.		Y	'es No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?		1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)	X
(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)?		1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)		1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b	
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2022?		1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section $4942(j)(3)$ or $4942(j)(5)$ :			
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2022?		2a	<u> </u>
If "Yes," list the years,,,,,			
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach			
statement - see instructions.)	N/A	2b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
,,,,			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?		3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	spose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	<b>NT / N</b>		
Schedule C, to determine if the foundation had excess business holdings in 2022.)		3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose			37
had not been removed from jeopardy before the first day of the tax year beginning in 2022?		4b	

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continue	ed)			
5a During the year, did the foundation pay or incur any amount to:		١	/es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?		5a(5)		<u>X</u>
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b		
c Organizations relying on a current notice regarding disaster assistance, check here	[]			
d 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?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?	·····	6a		<u>X</u>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	_	X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		7a		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	_	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
excess parachute payment(s) during the year?		8		Х
Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors				

1	List all officers,	directors, t	trustees, and	foundation	managers and	their 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
		70.000		0
SEE STATEMENT 8		70,000.	0.	0.
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."		
	(b) Title and average	1	(d) Contributions to	(a) Evnanca

(a) Name and address of each employee paid more than \$50,000	(b) Inte, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	-			
	-			
	-			
	-			
Total number of other employees paid over \$50,000			 	0

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Part VII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	•	0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pr	roduced, etc.	
1N/A		
2		
۲		
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
2		
All other prearem related investments. Cas instructions		
All other program-related investments. See instructions. 3		
5		
Total. Add lines 1 through 3		0.
		Form <b>990-PF</b> (2022)

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Ρ	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatic	ons, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,741,502.
	Average of monthly cash balances	1b	<u>1,741,502.</u> 400,953.
	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	2,142,455.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,142,455.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	32,137.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	2,110,318.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	105,516.
Ρ	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and cert	ain
1	Minimum investment return from Part IX, line 6	1	105,516.
2a	Tax on investment income for 2022 from Part V, line 5   2a   27,391.		
b			
C	Add lines 2a and 2b	2c	27,391.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	78,125.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	78,125.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	78,125.
Ρ	Part XI 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	50,698.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	50,698.
			Form <b>990-PF</b> (2022)

# Form 990-PF (2022)

# Part XII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,				
<b>2</b> Undistributed income, if any, as of the end of 2022:				78,125.
a Enter amount for 2021 only			0.	
<b>b</b> Total for prior years:			0.	
		0.		
<b>3</b> Excess distributions carryover, if any, to 2022:				
a From 2017				
<b>b</b> From 2018	]			
<b>c</b> From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 50,698.				
<b>a</b> Applied to 2021, but not more than line 2a $\dots$			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions) $\dots$		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required - see instructions)	0.			F0 (00
d Applied to 2022 distributable amount	0			50,698.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				27,427.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9: a Excess from 2018				
<b>b</b> Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				
223581 12-06-22				Form <b>990-PF</b> (2022)

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223581 12-06-22

Form **990-PF** (2022)

	E FOUNDATIC			87-44	15201 Page 10
Part XIII Private Operating For	undations (see ins	tructions and Part VI	-A, question 9)	N/A	
1 $\mathbf{a}$ If the foundation has received a ruling or $\mathbf{a}$		1 1 0			
foundation, and the ruling is effective for 2	2022, enter the date of th	ne ruling			
<b>b</b> Check box to indicate whether the foundation	tion is a private operatin	g foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2022	<b>(b)</b> 2021	(c) 2020	(d) 2019	(e) Total
investment return from Part IX for					
each year listed					
<b>b</b> 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
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 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: <b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, line 6, for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Inform			if the foundation	had \$5,000 or mor	e in assets
at any time during the	e year-see instri	ictions.)			

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

# SEE STATEMENT 9

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

#### NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

 Form 990-PF (2022)
 ROCK ROSE FOUNDATION INC.

 Part XIV
 Supplementary Information (continued)

3 Grants and Contributions Paid During the N		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
GREATER KILLEEN FREE CLINIC	NONE	CASH	CHILDREN, FAMILIES AND	
718 N 2ND ST SUITE A		CHBII	COMMUNITIES.	
KILLEEN, TX 76541			COMPONENTIES.	5,000
FEED MY SHEEP TEMPLE	NONE	CASH	CHILDREN, FAMILIES AND	
116 W AVENUE G			COMMUNITIES.	
TEMPLE, TX 76504				5,000
INSPIRED DESIGNS (WIGS FOR KIDS) 4001 E STAN SCHLUETER LOOP STE 104	NONE	CASH	CHILDREN, FAMILIES AND COMMUNITIES.	
KILLEEN, TX 76542			COMMONITIES.	2,500
BLESSINGS ON THE BLOCK	NONE	CASH	CHILDREN, FAMILIES AND	
451 E CENTRAL TEXAS EXPY, STE D #141			COMMUNITIES.	
HARKER HEIGHTS, TX 76548				7,000
BELL CO CHILD WELFARE BOARD	NONE	CASH	CHILDREN, FAMILIES AND	
503 PRIEST DR			COMMUNITIES.	
KILLEEN, TX 76541				5,000
	NTINUATION SHEE	T(S)	За	38,400
<b>b</b> Approved for future payment				
NONE				
Total	1		3b	(

Form **990-PF** (2022)

# Part XV-A

# Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	<b>(a)</b> Business code	<b>(b)</b> Amount	(C) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income
	0000				
a b					
·					
e					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments4 Dividends and interest from securities			14	28,660.	
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate:</li></ul>			<u> </u>	20,000.	
a Debt-financed property					
<ul> <li>b Not debt-financed property</li> <li>c Not control income or (loce) from percental</li> </ul>					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			18	11 551	
than inventory			10	11,551.	
9 Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
		0.		40 211	0
<b>12</b> Subtotal. Add columns (b), (d), and (e)				40,211.	10 011
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)					40,211.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom			contrib	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other than b	y providing full	ius ior such purposes).			

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Forn	n 990-P	F (2022) ROCK	ROSE FOUNDATION	INC.	8	37-4415	5201	Pa	ge <b>13</b>
Pa	art XV		egarding Transfers to a	nd Transactions an	d Relationships With I	Noncharit	able		
-	Did th	Exempt Organ		a with any other ergenizatio	n described in section E01(s)			Yes	No
1			rectly engage in any of the followin		n described in section 50 r(c)			103	110
	•	()()	nizations) or in section 527, relating ation to a noncharitable exempt org						
a							1a(1)		х
	(1) Cash(2) Other assets			1a(1)		X			
b	(2) Other assets				14(2)				
U			ble exempt organization				1b(1)		Х
	(1) J (2) D	urchases of assets from a no	ble exempt organization				1b(2)		X
			or other assets				1b(3)		X
							1b(4)		X
						1b(5)		X	
					1b(6)		X		
c	<ul><li>(6) Performance of services or membership or fundraising solicitations</li><li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</li></ul>				10(0)		X		
d			"Yes," complete the following sche					ets.	
_		•	oundation. If the foundation receive	( )	-	• ·		,	
			other assets, or services received.		, , , , , , , , , , , , , , , , , , ,	<b>J</b>			
(a)∟	ine no.	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, tra	nsactions, and sh	naring arra	angemer	ts
			N/A						

2a	2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described					
in section 501(c) (other than section 501(c)(3)) or in section 527?				X No		
b	lf "Yes	s," complete the following sche	edule.			
		(a) Name of org	anization	(b) Type of organization	(c) Description of relationship	

(u) Harris of organization		(2) i jpe ei ei gamza		(0) Decemption of the	nationip
	N/A				
Sign Here	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete. Declaration of pre Signature of officer or trustee			arer has any knowledge.	May the IRS discuss this return with the preparer shown below? See instr.
Paid	Print/Type preparer's name	Preparer signature	Date	self- employed	PTIN P00639756
Prepa Use C	Firm's name HOWE & ROMERO	, CPAS, PLLC		Firm's EIN 47	-4333451
	Firm's address 11221 BLAIRVI AUSTIN, TX 78	IEW LANE 3748		Phone no. (5	12) 695-1231

Form	990-PF	(2022)

# ROCK ROSE FOUNDATION INC.

87-4415201

Part XIV Supplementary Information	) )		07 111	5201
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
KILLEEN CREATORS	NONE	CASH	CHILDREN, FAMILIES AND	
503 W AVENUE J KILLEEN, TX 76541			COMMUNITIES.	5,000.
				5,000.
KILLEEN WISDOM CENTER	NONE	CASH	CHILDREN, FAMILIES AND	
404 PHYLLIS DR.	NONE	CADII	COMMUNITIES.	
KILLEEN, TX 76541				3,900.
RURAL MUTUAL AID	NONE	CASH	CHILDREN, FAMILIES AND	
6105 MANTALCINO DR.			COMMUNITIES.	5 000
ROUND ROCK, TX 78665				5,000.
Total from continuation sheets		-		13,900.

223631 04-01-22

# Schedule B

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

87-441520	1
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	ROCK	ROSE	FOUNDATION	INC.	
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Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private 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 covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

Γ

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

#### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

87-4415201

# ROCK ROSE FOUNDATION INC.

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	MICHAEL AND SOLANGE HOMMEL 102 HI RIDGE DRIVE KILLEEN, TX 76549	\$3,115,630.	PersonXPayrollImage: 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.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
223452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)						

Schedule B (Form 990) (2022)

10220507 149509 11101

2022.03040 ROCK ROSE FOUNDATION INC. 11101\_\_1

Schedule	В	(Form	990)	(2022)	ł
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Name of organization

Employer identification number

87-4415201

ROCK ROSE FOUNDATION INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CASH & STOCKS		
		\$\$.3,115,630.	04/20/22
(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
		\$	
(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

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lame of o	rganization	Employer identification numbe							
ROCK I	ROSE FOUNDATION INC.		87-4415201						
Part III	Exclusively religious, charitable, etc., contribut	) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-		(e) Transfer of gift							
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
( ) ) )		[							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
(a) No.		[							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	(e) Transfer of gift								
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						
223454 11-15	-22	I	Schedule B (Form 990) (20						

18 2022.03040 ROCK ROSE FOUNDATION INC. 11101\_1

Form	2220
Depart	ment of the Treasur

rtment of the Treasury

Internal Revenue Service

Name

# Underpayment of Estimated Tax by Corporations

FORM 990-PF

Attach to the corporation's tax return. FOR Go to www.irs.gov/Form2220 for instructions and the latest information.

2022

OMB No. 1545-0123

Employer	identifi	catio	n nı	umber
87	7 – 4 4	15	20	1

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	27,391.
<ul> <li>2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1</li> <li>b Look-back interest included on line 1 under section 460(b)(2) for completed long-term</li> </ul>	2a	-	
contracts or section 167(g) for depreciation under the income forecast method	2b	-	
c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c	20	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corp does not owe the penalty	poration	3	27,391.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	x is zero	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip	,		00.001
enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked,	the corporation <b>must</b> file Form 2	<b>5</b> 220	27,391.
even if it does not owe a penalty. See instructions.			

6		The corporation is using the adjusted seasonal installment method.
---	--	--------------------------------------------------------------------

7 X The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/22	09/15/22	12/15/22
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10			20,543.	6,848.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11				
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14				20,543.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15			0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16				
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17			20,543.	6,848.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owed	i.	
	A Fee Deserved Deduction Act Nation and concerns instru					Eaure 0000 (0000)

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

212801 01-24-23

# FORM 990-PF

Form 2220 (2022)

ROCK ROSE FOUNDATION INC.

# Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month						
	instead of 4th month.) See instructions	19					
0	Number of days from due date of installment on line 9 to the date shown on line 19	20					
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21					
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	ç	\$
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$	ę	\$
5	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) $\frac{365}{3}$	26	\$	\$	\$	ę	\$
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET		
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365	28	\$	\$	\$	ę	\$
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	ę	\$
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	ę	\$
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	9	\$
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	5	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	9	\$
3	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	3	8 8	\$ 1,080

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

212802 01-24-23

# ROCK ROSE FOUNDATION INC.

Form 2220 (2022)

# FORM 990-PF

# Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

# Part I Adjusted Seasonal Installment Method

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
<b>a</b> Tax year beginning in 2019	1a				
<b>b</b> Tax year beginning in 2020	1b				
<b>c</b> Tax year beginning in 2021	1c				
2 Enter taxable income for each period for the tax year beginning in					
2022. See the instructions for the treatment of extraordinary items	2				
		First 4 months	First 6 months	First 9 months	Entire vear
3 Enter taxable income for the following periods.					Entire year
<b>a</b> Tax year beginning in 2019	3a				
<b>b</b> Tax year beginning in 2020	3b				
<b>c</b> Tax year beginning in 2021	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
<b>5</b> Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add Bass Albertack C	_				
7 Add lines 4 through 6	7				
Divide line 7 by 0.0					
8 Divide line 7 by 3.0	8 9a				
9a Divide line 2 by line 8 b Extraordinary items (see instructions)	9a 9b				
c Add lines 9a and 9b	90 90				
10 Figure the tax on the amt on In 9c using the instr for Form	30				
1120, Sch J, line 2, or comparable line of corp's return	10				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c	-				
by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
<b>16</b> Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
<b>18</b> For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

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Form 2220 (2022)

# ROCK ROSE FOUNDATION INC.

# Form 2220 (2022)

Part II Annualized Income Installment Method

_			(a)	(b)	(C)	(d)
			First 2	First 3	First 6	First 9
20	Annualization periods (see instructions)	20	months	months	months	months
	Enter taxable income for each annualization period. See					
	instructions for the treatment of extraordinary items	21			1,740,884.	1,934,315.
22	Annualization amounts (see instructions)	22	6.000000	4.00000	2.000000	1.333330
22	Annualized taxable income. Multiply line 21 by line 22	23a			3,481,768.	2,579,080.
	• Extraordinary items (see instructions)	23a 23b			5,401,700.	2,575,000.
		230 23c			3,481,768.	2,579,080.
	Add lines 23a and 23b Figure the tax on the amount on line 23c using the	200			5/101//001	2737370000
64	instructions for Form 1120, Schedule J, line 2,					
	or comparable line of corporation's return	24			48,397.	35,849.
25	Enter any alternative minimum tax (trusts only) for each					,
20	payment period (see instructions)	25				
26	Enter any other taxes for each payment period. See instr.	26				
		07			48,397.	35 010
	Total tax. Add lines 24 through 26	27			40,39/.	35,849.
28	For each period, enter the same type of credits as allowed					
20	on Form 2220, lines 1 and 2c. See instructions Total tax after credits. Subtract line 28 from line 27. If	28				
29	zero or less, enter -0-	29			48,397.	35,849.
		29			10,557.	55,045
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31			36,298.	35,849.
Pa	art III Required Installments					
	Note: Complete lines 32 through 38 of one column		1st	2nd	3rd	4th
	before completing the next column.		installment	installment	installment	installment
32	If only Part I or Part II is completed, enter the amount in					
	each column from line 19 or line 31. If both parts are					
	completed, enter the <b>smaller</b> of the amounts in each					
	column from line 19 or line 31	32	0.	0.	36,298.	35,849.
33	Add the amounts in all preceding columns of line 38.					00 540
	See instructions	33				20,543.
34	Adjusted seasonal or annualized income installments.					15 200
	Subtract line 33 from line 32. If zero or less, enter -0- $\ldots$	34			36,298.	15,306.
	Subtract line 33 from line 32. If zero or less, enter -0 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in	34			36,298.	15,306.
	Subtract line 33 from line 32. If zero or less, enter -0 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the		6 040	6 040		
35	Subtract line 33 from line 32. If zero or less, enter -0 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	34 35	6,848.	6,848.	36,298. 6,847.	
35	Subtract line 33 from line 32. If zero or less, enter -0- Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter Subtract line 38 of the preceding column from line 37 of	35	6,848.		6,847.	
35	Subtract line 33 from line 32. If zero or less, enter -0 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter		6,848.	6,848.		
35 36	Subtract line 33 from line 32. If zero or less, enter -0- Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter Subtract line 38 of the preceding column from line 37 of	35	6,848.		6,847.	6,848.
35 36 37	Subtract line 33 from line 32. If zero or less, enter -0- Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter Subtract line 38 of the preceding column from line 37 of the preceding column	35 36		6,848.	6,847. 13,696.	6,848.
35 36 37	Subtract line 33 from line 32. If zero or less, enter -0- Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter Subtract line 38 of the preceding column from line 37 of the preceding column Add lines 35 and 36	35 36		6,848.	6,847. 13,696.	15,306. 6,848. 6,848. 6,848.

FORM 990-PF

\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

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# FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Nu	Imber
ROCK ROSE F	OUNDATION INC	•		87-441	15201
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
09/15/22	20,543.	20,543.	15	.000136986	42
09/30/22	0.	20,543.	76	.000164384	257
12/15/22	6,848.	27,391.	16	.000164384	72
12/31/22	0.	27,391.	135	.000191781	709
nalty Due (Sum of Colun	nn F).				1,080

\* Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

FORM 990-PF	GAIN OR (	LOSS) FRO	M SALE	OF ASS	SETS	ST	ATEMENT 1
(A) DESCRIPTION OF PROP	PERTY				INER JIRED A	DATE CQUIRED	DATE SOLD
CHARLES SCHWAB X-08	341 (PUB. TRA	ADED)					
(B) GROSS	(C) VALUE		(D) XPENSE	OF	(E)		(F)
SALES PRIC			SALE		DEPREC.	GAIN	I OR LOSS
475,2	122. 51	L0,714.		0.		0.	-35,592.
(A) DESCRIPTION OF PROP	PERTY				INER JIRED A	DATE CQUIRED	DATE SOLD
CHARLES SCHWAB X-08	341 (PUB. TRA	ADED)					
(B) GROSS SALES PRIC	(C) VALUE CE TIME OF	LAT E	(D) XPENSE SALE		(E) DEPREC.	GAIN	(F) 1 OR LOSS
3,060,5	506. 3,01			0.		0.	46,555.
CHARLES SCHWAB X-08			(D)	ACQU	JIRED A 	CQUIRED	DATE SOLI
GROSS SALES PRIC	VALUE	LAT E	XPÈNŚE SALE		DEPREC.	GAIN	I OR LOSS
62,2	214. 6	51,659.		0.		0.	555.
CAPITAL GAINS DIVII							33.
TOTAL TO FORM 990-E	PF, PART I, I	JINE 6A					11,551.
FORM 990-PF	DIVIDENDS	AND INTER	EST FR	OM SECU	JRITIES	ST	ATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME
SCHWAB X-0841	28,693.	3	3.	28,660	). 2	8,660.	
TO PART I, LINE 4	28,693.	3	3.	28,660	)2	8,660.	

10220507 149509 11101

FORM 990-PF 0	THER PROFES	SIONAL FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVISOR FEES PAYROLL ADMIN FEES	9,288. 586.	-		0. 94.	
 TO FORM 990-PF, PG 1, LN 16C =	9,874.	9,311.		94.	
FORM 990-PF	TAX	ES	S'	TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	

	PER BOOKS	MENT INCOME	NEI INCOME	PURPUSES
TAXES - FOREIGN	275.	275.		0.
TO FORM 990-PF, PG 1, LN 18	275.	275.		0.
=				

FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING & MARKETING DUES & SUBSCRIPTIONS FILING FEES INSURANCE - B & O INSURANCE - WORKERS COMP OFFICE SUPPLIES	81. 945. 700. 675. 426. 193.	0. 17.		0. 0. 0. 68. 0.
TO FORM 990-PF, PG 1, LN 23	3,020.	17.		68.

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB X-0841	-	2,990,230.	2,904,748.
TOTAL TO FORM 990-PF, PART II, I	LINE 10B	2,990,230.	2,904,748.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VI-A, LINE 10	STATEMENT 7
NAME OF CONTRIBUTOR	ADDRESS	
MICHAEL & SOLANGE HOMM	EL 102 HI RIDGE DR.	

KILLEEN, TX 76549

10220507 149509 11101

FORM 990-PF PART VII - LIST TRUSTEES AND	STATEMENT 8			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL HOMMEL 102 HI RIDGE DR. KILLEEN, TX 76549	CO-FOUNDER 2.00	0.	0.	0.
SOLANGE HOMMEL 102 HI RIDGE DR. KILLEEN, TX 76549	CO-FOUNDER 4.00	0.	0.	0.
KELSEY HUNT 3540 BLOOMINGTON AVE., APT 3 MINNEAPOLIS, MN 55407	EXECUTIVE DIRE 40.00	CTOR 70,000.	0.	0.
KATHRYN INGBRITSEN 718 SAND LAKE RD. ONALASKA, WI 54650	BOARD MEMBER 1.00	0.	0.	0.
JOE HUNT 900 3RD AVE. W ASHLAND, WI 54806	SECRETARY 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VII	70,000.	0.	0.

FORM 990-PF	PART XIV - LINE 1A	STATEMENT 9
	LIST OF FOUNDATION MANAGERS	

# NAME OF MANAGER

MICHAEL HOMMEL SOLANGE HOMMEL