	1	_					19	07.	<u>.</u>
Forn	₁990-T	E	Exempt Orga	nization Bus	sine	ess Income 1	Γax Returi	n I	OMB No 1545-0687
•	'a			nd proxy tax und					2040
P		For ca	lendar year 2018 or other tax ye					<u>.9</u> `	2018
	rtment of the Treasury			r.irs.gov/Form990T for it					Open to Public Inspection for 501(c)(3) Organizations Only
Interr	nal Revenue Service		Do not enter SSN number				zauon is a 501(c)(3)		501(c)(3) Organizations Only loyer identification number
AL	Check box if address changed		Name of organization (L	Check box if name o	changed	d and see instructions.)		(Emp	loyees' trust, see
BE	xempt under section	Print	THE ROSE						6-0193812
	501(©13)	or	Number, street, and roon	o or custo no. If a D.O. bo	V 000 II	natruationa			lated business activity code
	408(e) 220(e)	Type	12700 N. FE					(See	instructions)
_ <u> </u> _	408A 530(a)		City or town, state or pro					ł	
	529(a)	1	HOUSTON, TX			in board code		531	120
C Bo	ook value of all assets		F 0		_				<u> </u>
	11,442,5	50.	G Check organization typ	e 🕨 🗶 501(c) corp	poratioi	501(c) trust	401(a) trust	Other trust
H Er	nter the number of the o	organiza	tion's unrelated trades or t	ousinesses.	1	Describe	the only (or first) ur	related	
			SE STATEMENT				complete Parts I-V.		
de	scribe the first in the bl	ank spa	ce at the end of the previou	us sentence, complete Pa	arts I ar	id II, complete a Schedul	e M for each additior	nal trade	e or
-	siness, then complete								
			oration a subsidiary in an		nt-subs	idiary controlled group?	▶ L	Ye	es X No
			ifying number of the paren	it corporation.				0.4	161 5101
			PAMELA LYLE le or Business Inc	0000		(A) Income			464-5121
	Gross receipts or sale		e or business inc	Joine	1	(A) IIIcome	(B) Expense:	. A. Williams	(C) Net
	Less returns and allow			c Balance	ا ۵۰				
2	Cost of goods sold (Se		A line 7\	Coalance	1c 2			49.08 °). N. 1865. A	
3	Gross profit. Subtract		. ,		3				55.0°F-70°F3489557 GBSS-A238
	Capital gain net incom				4a			A CALLERY	
			art II, line 17) (attach Form	4797)	4b			4 5 5 5 W	
	Capital loss deduction			•	4c		Sheriff at their		
5	Income (loss) from a p	partners	hip or an S corporation (at	tach statement)	5				
6	Rent income (Schedul	e C)		•	6		7,000		
7	Unrelated debt-finance	ed incon	ne (Schedule E)		7	149,821.	90,5	74.	59,247.
8	Interest, annuities, roy	alties, ai	nd rents from a controlled	organization (Schedule F)	8				
9	Investment income of	a sectio	n 501(c)(7), (9), or (17) <mark>or</mark>	ganization (Schedule G)	9				
10	Exploited exempt activ	_	• •		10				·
	Advertising income (S		•		11		No will a S. Atom. Books at a		
	Other income (See ins				12		ACTIVITY OF L		FO 047
	Total. Combine lines		_{jn 12} t Taken Elsewher	20 (0	13	149,821.	90,5	/4.	59,247.
<u>, i , u , u , u , u , u , u , u , u , u </u>	(Except for c	ontribu	tions, deductions must	be directly connected	or ilmita d with	itions on deductions.) The timrelated business	s income)		
14			ectors, and trustees (Sche		+	RECEIVE		14	<u></u>
15	Salaries and wages	,	(00110)	30.0 11,	1~	The state of the s		15	
16	Repairs and maintena	ince		ı	Ä	DECREA	791	16	
17	Bad debts				10	DEC 3 0 201	19 C	17	
18	Interest (attach sched	lule) (se	e instructions) *			A		18	
19	Taxes and licenses		•		L	OGDEN, U	IT	19	
20	Charitable contributio	ns (See	instructions for limitation i	rules)			•	20	
21	Depreciation (attach F		•			21 .			
22		med on	Schedule A and elsewhere	on return		22a	-	22b	
23	Depletion							23	
24	Contributions to defer		npensation plans					24	
25	Employee benefit prog		hadula IV					25	
26 27	Excess exempt expen		•					26	
27 28	Excess readership cos Other deductions (atta	-	<u>-</u>					27	
20 29	Total deductions. Add		•				į	28 29	0.
30			come before net operating	Ince deduction Cubtract	רכ בתון	from line 12	İ	30	59,247.
31			iss arising in tax years beg				ŀ	30 31	139,247.
32			come. Subtract line 31 from		, ,,20	ro (acc manucuona)	つり	32	59,247.
-			vork Reduction Act Notice					,	Form 990-T (2018)
									` -/

(Part)	III Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instru	ctions)			33	59,247
34	Amounts paid for disallowed fringes					34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr		STMI	. 2		35	59,247
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of			Γ		
	lines 33 and 34					36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			2	38[37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			ا م	1	
	enter the smaller of zero or line 36		·		391	<u> </u>	0.
	VI Tax Computation					,	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				▶	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	38 from:		. #		
	Tax rate schedule or Schedule D (Form 1041)				▶	40	
41	Proxy tax. See instructions				▶	41	
42	Alternative minimum tax (trusts only)				⊢	42	
43	Tax on Noncompliant Facility Income. See instructions				H	43	0
44 (Dart))	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies /a Tax and Payments					44	0.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	450			J		
	Other credits (see instructions)	45a 45b				:	
	General business credit. Attach Form 3800	45c					
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d					
	Total credits. Add lines 45a through 45d	- 1 00			{	45e	
46	Subtract line 45e from line 44				_ -	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 [Other (attacl	h achadu	,, F	47	
48	Total tax. Add lines 46 and 47 (see instructions)) Other (attack	ii schodu	‴	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				⊢	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a					
	2018 estimated tax payments	50b			\dashv		
	Tax deposited with Form 8868	50c			_	Ì	
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	50d					
е	Backup withholding (see instructions)	50e				į:	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f					
g	Other credits, adjustments, and payments: Form 2439						
	☐ Form 4136 ☐ Other Total ►	50g			j		
51	Total payments. Add lines 50a through 50g					51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached					52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			1	► [53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				> [54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refundo			55	
(Parti)			···	ıs)			, ,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign (country				
	here >						X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansteror	to, a foreign	trust?			X
	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements	and to the be	st of my l	knowle	dge and belief it	IS TO IS
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	er has any	knowledge			ago ana bana, n	
Here	12/11/19 CEO					he IRS discuss t	
	Signature of officer Date Title					reparer shown be ctions)?	
	Print/Type preparer's name Preparer's signature + Dat	Δ	Chec	k	ıf	PTIN	
D=:-	1 Topardi Salgitature			employ		, , , , , ,	
Paid	PAR ANN S. MASEL, CPA Am Donne (#12	/10/		on picy	-	P0075	8150
Prepa	Finds and A HAM TANGGROW C DDEGTANA IT D	0 /		n's EIN	•	76-04	
Use O	1011 TREMONT STREET		1				
	Firm's address ► GALVESTON, TX 77550		Pho	пе по.	40	9-765-	9311
823711 01-		_	<u> </u>				9 90-T (2018)

Schedule A - Cost of Good	s Sold. Enter method of invent	tory valuation N/A		
1 Inventory at beginning of year	1	6 Inventory at end of year	ar	6
2 Purchases	2	7 Cost of goods sold. Si	ubtract line 6	
3 Cost of labor	3	from line 5. Enter here	and in Part I,	
4a Additional section 263A costs		tine 2		7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (see instructions)	(From Real Property and	Personal Property	Leased With Real Pro	operty)
1. Description of property				
(1)				
(2)				
(3)				
(4)				
	2. Rent received or accrued		2/0\Dadustions direct	h, connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than '-' of rent for pe	nd personal property (if the percent ersonal property exceeds 50% or if is based on profit or income)	198 () columne 2(a)	ly connected with the income in and 2(b) (attach schedule)
(1)				
(2)			·	
(3)				
(4)				
Total	O . Total		0.	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A) >		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Det	ot-Financed Income (see II	nstructions)	····	
		2. Gross income from		ced property
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 3	STATEMENT 4
(1) ROSE MEDICAL PLA	ZA	491,540.	41,678	255,482.
(2)				
(3)				
(4)				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	5. Average adjusted basis of or allocable to debt-financed property STATEMENTE 6	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,435,545.	4,709,132.	30.48%	T49,821	90,574.
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Totals		>	149,821	90,574.
Total dividends-received deductions in	cluded in column 8			0.
				Form 000 T (2019)

Form	1990-T (2018) THE RC	SE				_				76-01	9381	L2 Page 4
Sch	nedule F - Interest,	Annuitie	s, Roya	alties, ar					zatio	ns (see in:	structio	ns)
					Exempt	Controlled O	rganızat	ions				
	1. Name of controlled organiza	ation	identi	fication	3. Net un (loss) (se	related income e instructions)			ınclu	ded in the con	trolling	6. Deductions directly connected with Income in column 5
(1)							 					
												
	· · · · ·						1		\vdash		<u> </u>	··
				.,					 		- †-	
	exempt Controlled Organ	ızatıons					· · · · · ·		Ь			·
			related inco	me (loss)	Q Total	of specified pays	mente	10 Part of colur	nn O th	at se included	11 5	adjustions directly connected
	••				9. 70m	made		in the controll:	ng orga	nization's		
(1)	•			·		•						
	•							ĺ				
(3)												
		1										
						,		Enter here and	on pag	e 1, Part I,		•
										0.		0.
Sch			ne of a	Section	501(c)(7), (9), or	(17) Oı	rganization			-	
	(See ilist					<u> </u>		3 Dodustos		т		5 Tatal disdustrana
	1. Desc	ription of incon	ne ,			2. Amount of	income	directly connec	cted			and set-asides (col 3 plus col 4)
						<i></i>						
			_			1						
(4)			-					-				
					-							Enter here and on page 1, Part I, line 9, column (B)
					•		0.	1.000000000000000000000000000000000000			MARK.	0.
Sch			Activity	/ Income	e, Other	r Than Ad	vertisi	ing Income	i			
		2 .		3. Expe	enses	4. Net incom	e (loss)					7. Evcess evemnt
	1. Description of exploited activity	unrelated b	from	directly co with proc of unre	nnected duction lated	business (col minus column gain, compute	umn 2 3) If a cols 5	from activity the	nat nd	attribut	able to	expenses (column 6 minus column 5, but not more than column 4).
(1)				-						-		
						-		и			-	
			-	_								
							-					
		page 1, l	Part I, ol (A).	page 1,	Parti, sol (B)							Enter here and on page 1, Part II, line 26
		a Incon		notructions		dien Albertaile	EST CH			989428C	income	<u> </u>
1. Name of controlled organization 2. Employer controlled Organizations 2. Employer controlled Organizations 3. Net unrelated income 4. Total of expecting displayments made 5. Pert of column 4 that is organizations 6. Deductions directly commonly 6. Deductions 6. Deductions directly commonly 6. Deductions 6												
iii. Ai	income From I	Periodica	ais Rep	ortea on	a Con	solidated	Basis					
	1. Name of periodical	a	advertising			or (loss) (col	l 2 minus n, comput	5. Circulation income	on			costs (column 6 minus column 5, but not more
(1)						1677		P				2021 12 THE ST
								ģ				
(3)	- 4	·				7 3 4	NY S					
(4)	• • • • • • • • • • • • • • • • • • • •							ž				
Totals	(carry to Part II, line (5))	•	(o .	0							0.
	<u> </u>					•						Form 990-T (2018)

Part III 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	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		·i					
(2)							
(3)							
(4)					<u> </u>		
Totals from Part I	▶	0.	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
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	,	%	
otal. Enter here and on page 1, Part II, line 14		>	0

Form 990-T (2018)

					 	
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ΥT			

RENTAL OF UNUSED OFFICE SPACE IN THE ROSE MEDICAL PLAZA

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING	LOSS	DEDUCTI	ON	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE			LOSS MAINING	AVAILABLE THIS YEAR
07/31/03	124,031.	124,	031.	•	0.	0.
07/31/05	104,833.	104,			0.	0.
07/31/06	121,036.		857.		114,179.	114,179.
07/31/07	155,132.		0.		155,132.	155,132.
07/31/08	126,443.		0.		126,443.	126,443.
07/31/09	122,858.		0.		122,858.	122,858.
07/31/10	115,403.		0.		115,403.	115,403.
07/31/11	16,831.		0.		16,831.	16,831.
NOL CARRYOV	ER AVAILABLE THIS	YEAR			650,846.	650,846.
			 	·		GEN MENTALEM
FORM 990-T	SCHEDULE F	E - DEPRECIA	ATION	DEDUCT	'ION	STATEMENT
FORM 990-T DESCRIPTION	SCHEDULE E	E - DEPRECIA	ACT	IVITY MBER	AMOUNT	TOTAL
DESCRIPTION	SCHEDULE E	- DEPRECIA	ACT NU	IVITY		TOTAL
DESCRIPTION STRAIGHT LI		- SUBTOTAL -	ACT NU	IVITY MBER	AMOUNT	TOTAL 8.
DESCRIPTION STRAIGHT LI	NE DEPRECIATION - RM 990-T, SCHEDULE	- SUBTOTAL -	ACT NUI - 3(A)	IVITY MBER . 1	AMOUNT 41,67	TOTAL 8. 41,678
DESCRIPTION STRAIGHT LI	NE DEPRECIATION - RM 990-T, SCHEDULE	- SUBTOTAL -	ACT 3(A) R DED	IVITY MBER . 1	AMOUNT 41,67	TOTAL 8. 41,678 41,678
DESCRIPTION STRAIGHT LII TOTAL OF FOR	NE DEPRECIATION - RM 990-T, SCHEDULE	- SUBTOTAL -	ACT 3(A) R DED	IVITY MBER 1 UCTIONS	AMOUNT 41,67	TOTAL 8. 41,678 41,678 STATEMENT
DESCRIPTION STRAIGHT LII TOTAL OF FOR	NE DEPRECIATION	- SUBTOTAL -	ACT 3(A) R DED	IVITY MBER 1 UCTIONS	AMOUNT 41,67	TOTAL 41,678 41,678 STATEMENT TOTAL 1.,
DESCRIPTION STRAIGHT LID TOTAL OF FORM FORM 990-T DESCRIPTION INTEREST EXIPPROPERTY TAX	NE DEPRECIATION RM 990-T, SCHEDULE SCHEDULE SCHEDULE PENSE KES KPENSES	- SUBTOTAL -	ACT NUI 3(A)	IVITY MBER 1 UCTIONS	AMOUNT 41,67	TOTAL 41,678 41,678 STATEMENT TOTAL 1.,

FORM 990-T		ACQUISITION TO DEBT-FIN			STATEMENT	5
DESCRIPTION	,		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISIT		- SUBTOTAL -	1	1,435,545.	1,435,54	5.
TOTAL OF FORM 99	90-т, scheduli	E, COLUMN	4		1,435,54	5.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY							
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL					
AVERAGE ADJUSTED BASIS - SUBTO	TAL - 1	4,709,132.	4,709,13	32.				
TOTAL OF FORM 990-T, SCHEDULE E, CO	LUMN 5		4,709,13	32.				