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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

$\overline{}$		nue Service   Note. The foundation may be able		ii to satisty sta	ate reporting	requirements	l
Fo	r calenda	ar year 2009, or tax year beginning , a	and ending			<del>, ,</del>	
G	Check al	Il that apply 🔲 Initial return 🔛 Initial re	turn of a former public	charity		Final return	
		Amended return Add	ress change	Name	change		
Us	e the IRS	Name of foundation			A Emp	loyer identification nun	nber
	label.				38	-3210681	
O	herwise	ROSE & K V MATHEW FOUNDAT:	ION		B Tele	phone number (see page	10 of the instructions)
	print	Number and street (or P O box number if mail is not delivere	d to street address)	Room/suite		0-230-7905	
	or type.	PO BOX 320379			<b></b>	emption application is pend	ding check here
	Specifi				1	oreign organizations, chec	, r
	tructions	Only of tolling state, and all source	48532				
_	Ob a al. A.	pe of organization X Section 501(c)(3) exempt private			ı	oreign organizations meeti 5% test, check here and at	-
Η.	-						
ш			le private foundation	· .	1	vate foundation status was on 507(b)(1)(A), check hei	
	•	et value of all assets at end J Accounting method	X Cash Acc	ruai	3601	on sor (b)(1)(A), check hei	<u> </u>
•	of year (fr	om Part II, col (c), Other (specify)				foundation is in a 60-mon	
	ine 16) 🕨		be on cash basis )		unde	er section 507(b)(1)(B), che	eck here
F	art i	Analysis of Revenue and Expenses (The	(a) Revenue and	4.5 51		42. 44. 44.4	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inco		(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions) )	55513				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	8,000				
	2	Check ▶					
	3	Interest on savings and temporary cash investments					
	1	Dividends and interest from securities	420	-	420		
		Gross rents		120			
	1 .	Net rental income or (loss)					
Revenue	6-	• • • ———	,				
e	6a	Net gain or (loss) from sale of assets not on line 10					
8	_b	Gross sales price for all assets on line 6a					
œ		Capital gain net income (from Part IV, line 2)			0		
		Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns & allowances					
9)	b	Less Cost of goods sold					·
Ď	С	Gross profit or (loss) (attach schedule)					
2	11	Other income (attach schedule)					
2 <u>-</u>	12	Total. Add lines 1 through 11	8,420		420	0	
	13	Compensation of afficers (difficions resustees etc					
enses	14	Compensation of pricers of the tors trustees etc Other employee salaries and wages					
٥	15	Pension blans, employee benefits					
≥ē	16a	Legal fees atachischedule 2010					
and Administrative Exp	Б.	Accounting fees (attach schedule)	995	-	497	,	498
> 2	c						
ati	17	Other profession (1) es (attent) schedule =			· · · · · ·		
뷿	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 2	26		20		· · · · · · · · · · · · · · · · · ·
Ž	19	1 1 1	20				
Έ	19	Depreciation (attach schedule) and depletion					
A	20	Occupancy		<del></del>			
Þ	21	Travel, conferences, and meetings			-		· · · · ·
a	22	Printing and publications					
Operating	23	Other expenses (att sch ) STMT 3	231		231		
ij	24	Total operating and administrative expenses.			_		
פני	1 4	Add lines 13 through 23	1,252		748		498
6	25 (	Contributions, gifts, grants paid	16,495				16,495
	26	Total expenses and disbursements. Add lines 24 and 25	17,747		748	0	16,993
	27	Subtract line 26 from line 12					
	a 1	Excess of revenue over expenses and disbursements	-9,327				
	1	Net investment income (if negative, enter -0-)			0		
	1	Adjusted net income (if negative, enter -0-)				0	

F	orm 99	D-PF (2009) ROSE & K V MATHEW FOUNDATION	38-321068	1	Page 2		
			Beginning of year End of				
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	19,093	9,484	9,484		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶	ĺ	ı			
	4	Pledges receivable ▶		, , , , , , , , , , , , , , , , , , , ,			
	-	Less allowance for doubtful accounts ▶	Ī				
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	"	disqualified persons (attach schedule) (see page 16 of the					
		instructions)					
	7	Other notes and loans receivable (att schedule)					
	<b>'</b>						
60	_	Less allowance for doubtful accounts ▶					
ě	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
٩	10a	Investments—U S and state government obligations (attach schedule)	60 541	60 000	43 500		
	Ь	Investments—corporate stock (attach schedule) SEE STMT 4	60,541	60,823	43,598		
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach sch.) ▶					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)			,		
	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ▶ )					
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item I)	79,634	70,307	53,082		
	17	Accounts payable and accrued expenses					
8	18	Grants payable					
Liabilities	19	Deferred revenue					
≣	20	Loans from officers, directors, trustees, and other disqualified persons					
ia	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe ▶					
	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here ▶					
es S		and complete lines 24 through 26 and lines 30 and 31.					
Š	24	Unrestricted					
Net Assets or Fund Balances	25	Temporarily restricted					
ő	26	Permanently restricted					
힏		Foundations that do not follow SFAS 117, check here ▶ 🔀					
Ē		and complete lines 27 through 31.					
Ž	27	Capital stock, trust principal, or current funds					
8	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
set	29	Retained earnings, accumulated income, endowment, or other funds	79,634	70,307			
Š	30	Total net assets or fund balances (see page 17 of the					
7		instructions)	79,634	70,307			
ž	31	Total liabilities and net assets/fund balances (see page 17	137034	70,301			
	٥.	of the instructions)	79,634	70,307			
4	Part I		79,034	70,307			
			at agree with	<del> </del>			
•		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	st agree with		70 624		
•		of-year figure reported on prior year's return)		1	79,634		
		amount from Part I, line 27a		2	-9,327		
		r increases not included in line 2 (itemize) ▶		3	70 00-		
		ines 1, 2, and 3		4	70,307		
		eases not included in line 2 (itemize)	· \	5	70.00		
0	<u>ı otal</u>	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	), line 3 <u>0</u>	6	70,307		

Р	ac	e	3

Part IV Capital Gains	and Losses for Tax on Investn	nent Inc	ome				
	conbe the kind(s) of property sold (e.g., real estativarehouse, or common stock, 200 shs. MLC Co			(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr )
1a N/A							
b							
<u>c</u>							
<u>d</u>							
0	/O Depresention allowed		(a) Cost or	other basis		(h) Com	ar (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			or (loss) ) minus (g)
a							
b							
С							
d							
е	<u> </u>						
Complete only for assets show	wing gain in column (h) and owned by the	foundation					(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any	CC	• • •	less than -0-) <b>or</b> om col (h))
_a							
b		1					
<u>c</u>		+					
<u>d</u> e		+	·-				
If gain, also enter in Part I, line If (loss), enter -0- in Part I, line Part V Qualification	ا If (loss), enter -0- ا (loss) as defined in sections 1222(5) and e 8, column (c) (see pages 13 and 17 of tl	n Part I, lin (6) he instructi	ons)		3 ome		
If "Yes," the foundation does not o	section 4942 tax on the distributable amou	plete this p	art		es 🗶	No	
	ın each column for each year, see page 1	8 of the in:	structions b		tries		(d)
(a) Base period years Calendar year (or tax year beginn			Net value o	(c) of nonchantable-use ass			nbution ratio livided by col (c))
2008		2,871		57,			0.223731
2007		9,666 5,598		77, <sup>1</sup>			0.253079 0.187740
2006 2005		0,690		67,			0.157546
2003		9,976		51,			0.194619
2 Total of line 1, column (d)		7	.,			2	1.016715
•	he 5-year base period—divide the total on in has been in existence if less than 5 yea	•	o, or by the			3	0.203343
4 Enter the net value of nonchar	ritable-use assets for 2009 from Part X, lir	ne 5				4	48,752
5 Multiply line 4 by line 3					_	5	9,913
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)				<u> </u>	6	
7 Add lines 5 and 6					-	7	9,913
8 Enter qualifying distributions from If line 8 is equal to or greater to	rom Part XII, line 4 han line 7, check the box in Part VI, line 1	b, and con	nplete that i	part using a 1% tax r		8 the	16,993
Part VI instructions on page 18		•		=			

	1 990-PF (2009) ROSE & K V MATHEW FOUNDATION 38-3210681			Р	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruc	ctions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<del></del>			
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   ▶ 9		_		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
Pá	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?	-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1			
	of the instructions for definition)?	  -	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities	1			
C	Did the foundation file Form 1120-POL for this year?	L	1c		X
d					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	-			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<u> </u>	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	·	A/R	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	-			
	By language in the governing instrument, or		1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		- 1		
_	conflict with the state law remain in the governing instrument?	-	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) ▶ MI				
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	L	9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1			
	names and addresses		10		X

Form 990-PF (2009)

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		K V MATHEW FOUNDATION		3210681					P	age (
P		Regarding Activities for Which For	<u>m 4720 May Be F</u>	Required (con	<u>tinue</u>	<u>:d)</u>		······		<del>,</del>
5a	• •	ation pay or incur any amount to				<u>—</u>				
	, , , , ,	otherwise attempt to influence legislation (secti	` ''		Yes	X	No			
	• •	any specific public election (see section 4955).	, or to carry on,						.	
	directly or indirectly, any v	_		$\vdash$	Yes	X	No		:	
	•	vidual for travel, study, or other similar purpose			Yes	X	No			
	•	inization other than a charitable, etc , organiza				<b></b>		1 1		
		3), or section 4940(d)(2)? (see page 22 of the	·		Yes	X	No			
	• • • • • • • • • • • • • • • • • • • •	ther than religious, charitable, scientific, literar	y, or educational	Г		-				
_	• • •	ntion of cruelty to children or animals?		_	Yes	X	No			
Ь	•	)-(5), did <b>any</b> of the transactions fail to qualify t					- /-		1	ĺ
	•	or in a current notice regarding disaster assista	, , ,	ne instructions)?	_		I/A	5b		
	• • •	rent notice regarding disaster assistance chec				Ш				
С	•	tion 5a(4), does the foundation claim exemption	n from the tax	n/a 🗌					ŀ	
	*	iture responsibility for the grant?		N/A	Yes	Ш	No			ĺ
<b>.</b> -		required by Regulations section 53 4945-5(d)								ĺ
5a	-	year, receive any funds, directly or indirectly, t	o pay premiums	Π.	V	<b>=</b>				
_	on a personal benefit contract		naraand basses .		Yes	X	No	[		v
b		year, pay premiums, directly or indirectly, on a	personal benefit cont	ract /				6b		X
7	If "Yes" to 6b, file Form 8870	r was the foundation a postular a postular to the			<b>V</b>	X	NI-			
		r, was the foundation a party to a prohibited ta			Yes	_	No I/A	-		<del> </del>
		we any proceeds or have any net income attrib bout Officers, Directors, Trustees,			Dair			7b		
f a	and Contracto	· · · · · · · · · · · · · · · · · · ·	roundation Man	agers, mgmy	Гак	, E.I.	ibio	ees,		
		tees, foundation managers and their compe	nsation (see page 22	of the instruction	ns).					
	•				T	Contribi	utions to			
	(a)	Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter	`en	nployee	benefit		pense ac	
			devoted to position	` <del>'</del> -0-)		ns and c ompens	deferred ation	other	r allowar	ices
ĸ	V MATHEW	FLINT	PRESIDENT	_		<u> </u>		<u> </u>		
P	о вож 320379	MI 48532	1.00	ا	İ		o	ار		0
RO	SAMMA S NIDHIRY	FLINT	SECY/TREAS	_						
P	D BOX 320379	MI 48532	1.00	0			0	,		0
DE	LON PINTO	FLINT	DIRECTOR							
P	D BOX 320379	MI 48532	1.00	о (			0	,		0
AN	IL MATHEW	FLINT	DIRECTOR							
P	ВОЖ 320379	MI 48532	1.00	o			0	,		0
2	Compensation of five highes	t-paid employees (other than those included	on line 1—see page	23 of the instruc	tions)	).				
	If none, enter "NONE."									
			(b) Title, and average				itions to	,		
	(a) Name and address of	each employee paid more than \$50,000	hours per week	(c) Compensation		ployee	benetit leferred		ense ac allowan	
			devoted to position			ompens				
NO	NE				ļ					
								<u> </u>		
				_				<u> </u>		
	<del></del>							<u> </u>		
	<del></del>							ļ		
										_
	<del></del>							<u> </u>		
tal	number of other employees pa	ıd over \$50,000						<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
							~	000	DE.	/000C

Form 990-PF (20	009) ROSE & K V MATHEW FOUNDATION	38-3210681	Page
Part VIII	Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Paid Em	ployees,
3 Five highe	est-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<del></del>		
	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include relevant statistical other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	e 24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on li	ines 1 and 2	Amount
1 N/A			
2			
All other program	-related investments. See page 24 of the instructions		
Total. Add lines	1 through 3	<b>&gt;</b>	

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qualifies for the section 4940(e) reduction of tax in those years

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign 1	oundations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	12,995
b	Average of monthly cash balances	1b	36,499
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	49,494
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	49,494
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	742
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	48,752
6	Minimum investment return. Enter 5% of line 5	6	2,438
Pa	LET XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratir	ng
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	2,438
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,438
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,438
6	Deduction from distributable amount (see page 25 of the instructions)	6	<del></del>
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		-
	line 1	7	2,438
P	ert XII Qualifying Distributions (see page 25 of the instructions)		
		-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		16,993
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	10,333
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	_3a_	
b	Cash distribution test (attach the required schedule)	3b	16 002
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	16,993
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	^
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	16 000
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,993
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the founda	tion	

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11,534

15,801

10,007

14,555

Excess from 2006

Excess from 2007

Excess from 2008

Excess from 2009

	04/28/2010 3 45 PM 1990-PF (2009) <b>RÖSE &amp; K V M</b>	ATHEW FOUN	DATION	38-3210	681	. Page 1
	ert XIV Private Operating Fou					
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2009, enter the date	of the ruling	<b>→</b>		
b	Check box to indicate whether the found		rating foundation descr		1942(j)(3) or   494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<del> </del>	Prior 3 years	<del></del>	(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	investment return from Part X for					
	each year listed					
Ь	85% of line 2a	<del></del>			<del> </del>	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				· <del> </del>	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities			·	<del> </del>	
е	Qualifying distributions made directly					
	for active conduct of exempt activities		Ì			
	Subtract line 2d from line 2c			<del></del>	<del> </del>	
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets	<del></del>	<u> </u>			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		1			
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					İ
	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)		<del>-</del>			
	(3) Largest amount of support from					
	an exempt organization	<u> </u>		<del></del>		
D-	rt XV Supplementary Inform	nation (Complet	o this part only if	the foundation t	ad \$5 000 or mor	o in accote at
re	any time during the ye	•			iau \$5,000 oi illoi	e III assets at
1	Information Regarding Foundation Mar		o or the manucuc	///a.j		<del></del>
' a	List any managers of the foundation who	•	re than 2% of the total	contributions received	by the foundation	
u	before the close of any tax year (but only				=	
	SEE STATEMENT 5	ii iiicy iiavo ooniiiba	ica more man 40,000)	(000 30011011 007 (4)(1	-/ /	
ь	List any managers of the foundation who	own 10% or more of	the stock of a corporat	ion (or an equally larg	e portion of the	
_	ownership of a partnership or other entity				o portion of the	
	N/A	,	, g			
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Progran	ns:		
	Check here ▶ X if the foundation only				does not accept	
	unsolicited requests for funds. If the found			-		
	organizations under other conditions, con		· · ·	, ··		
а	The name, address, and telephone numb			ld be addressed		
	N/A	•				
b	The form in which applications should be	submitted and inform	nation and materials the	ey should include	<u> </u>	
	N/A					
С	Any submission deadlines		<u></u>	·		
	N/A					
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable fi	elds, kinds of institution	ons, or other factors	
	N/A					

Page **11** 

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  SEE ATTACHED SCHEDULE	or substantial contributor	recipient		16,49
Total			<b>▶</b> 3a	16,49
<b>b</b> Approved for future payment <b>N/A</b>				
Total			<b>▶</b> 3b	000 05

12

HALL YALL	Analysis of income-Producing A	Crivities				
Enter gross am	ounts unless otherwise indicated	Unrelated b  (a)  Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	rvice revenue					the instructions )
			<del></del>			
	····			_ -		
		- }				
						<del></del>
е						
·		-		<del></del>		
-	nd contracts from government agencies	<del> </del>				
	p dues and assessments			+		· · · · · · · · · · · · · · · · · · ·
	savings and temporary cash investments and interest from securities	<del></del>		14	420	
	ncome or (loss) from real estate			7.4	420	
	nanced property					
	articed property	<del>  -</del>		<del>                                     </del>		<del></del>
	ncome or (loss) from personal property					
7 Other inves				<del>                                     </del>		
	s) from sales of assets other than inventory		<del> </del>			
	or (loss) from special events			<del>                                     </del>		_
	or (loss) from sales of inventory		·-			•
	ue a		•			<del>-</del>
						<del>-</del>
е						
2 Subtotal Ad	dd columns (b), (d), and (e)			0	420	0
3 Total. Add	ine 12, columns (b), (d), and (e)				13	420
	in line 13 instructions on page 28 to verify calcula					
Part XVI-B	Relationship of Activities to the	<u>Accomplishmer</u>	t of Exempt	Purposes	<u> </u>	
Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt pur					of the
	instructions)	. ,	. ,		, (111)	
N/A						
<u></u>		·				
		··				
		<del></del> -				
					<del></del>	
					<del> </del>	
						<del></del>
_		<del>-</del>			<del></del>	<del></del>
_				<del></del> -		
			<del></del>		<del> </del>	<del></del>
	<u> </u>					

P	art XVII	Information Reg	_	ansfers To and Transac	ctions a	nd Relations	nips With	Noncha	aritable		
4	Did the or			ge in any of the following with a	any other o	organization descr	ıbed .			Yes	No
•		· ·		on 501(c)(3) organizations) or i	-	_				.03	
	organizati		or man secu	on 30 f(c)(3) organizations/ or i	iii section .	327, relating to po	mucai				ĺ
_	•		lation to a ni	oncharitable exempt organization	on of						ĺ
a	(1) Cash	mom the reporting loans	iation to a m	onchantable exempt organization	011 01				12/1		X
	• •	accate							1a(1)		X
_	(2) Other Other tran								1a(2)		
D			-1.1						4.44		v
		of assets to a noncharit		=					1b(1)		X
	• •	ases of assets from a no		. •					1b(2)		X
		il of facilities, equipment		sets					1b(3)		X
		oursement arrangements	<b>;</b>						1b(4)		X
	• -	or loan guarantees							1b(5)		X
	• •		•	r fundraising solicitations					1b(6)		X
	=		-	other assets, or paid employees					_1c		X
d		•	-	nplete the following schedule (	•						
				iven by the reporting foundatio							
				nt, show in column (d) the valu							
	a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt organization	on	(d) Description of tra	ansfers, transa	ctions, and	sharing arrange	ements	
N/.	A				<u> </u>	<del></del>					
					<u> </u>						
						<del></del>					
						<u></u>		_			
						<u>.</u> .					
				<del>:</del>							
2a		•	-	with, or related to, one or more than section 501(c)(3)) or in se					Y6	es X	No
b		omplete the following sc	nedule	417							
		a) Name of organization		(b) Type of organization	-	(1	c) Description (	of relations	hip		
	N/A			<u> </u>							
									<u> </u>		
	<del></del>										
_		<del></del>		l							
	Under pena belief, it is ti	Ities of perjury, I declare that rue, correct, and complete D	I have examined a first	ned this return, including accompany preparer (other than taxpayer or fidu	ciary) is bas	ed on all information	and to the best of which prepa	arer has an	wledge and ly knowledge		
<u> </u>	Signatu	ire of officer or trustee		Date	·/	<u> </u>	tle				
						Date	Γ	T	Preparer's identify		
	ø _	Preparer's	Show	2/15		Date	Check if		number (see Signage 30 of the ins	<b>nature</b> o	
ngic	ا گِرَقِ و	signature	N L. KI	CDD		04/28/10	self-employed	°►⊔∣	P00111		•
"	Pai Pai			& KNOPF, CPAS		22,20,20	1				
		FILITIS HATHER OF YOURS IF A		ATEWAY CENTRE,	SUITE	E 100		EIN ▶	38-320	566	2
-		and ZIP code	FLINI						810-23		
				.,			-	FIIONE NO		)_DE	

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

ROSE & K V MATHEW FOUNDATION

Employer identification number

ROSE & K V M	ATHEW FOUNDATION	38-3210681
Organization type (check	one)	
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 founda	ation
	527 political organization	
Form 990-PF	<b>▼</b> 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ()(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mone contributor. Complete Parts I and II	nore (in money or
Special Rules		
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	contribution of the greater
the year, aggregate	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any e contributions of more than \$1,000 for use exclusively for religious, charitable, ses, or the prevention of cruelty to children or animals. Complete Parts I, II, and	scientific, literary, or
the year, contributi aggregate to more year for an exclusiv	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ons for use exclusively for religious, charitable, etc., purposes, but these contribution \$1,000. If this box is checked, enter here the total contributions that were vely religious, charitable, etc., purpose. Do not complete any of the parts unless inization because it received nonexclusively religious, charitable, etc., contributions.	butions did not received during the s the <b>General Rule</b>
990-EZ, or 990-PF), but it r	hat is not covered by the General Rule and/or the Special Rules does not file Somust answer "No" on Part IV, line 2 of its Form 990, or check the box in the hear form 990-PF, to certify that it does not meet the filing requirements of Schedule	ading of its Form

	4	
age	т.	ot

of Part I

Employer identification number

ROSE	& K V MATHEW FOUNDATION		38-3210681
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
1	ROSE & K V MATHEW PO BOX 320379 FLINT MI	\$ 8,0 48532	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
NO.	ivanio, audiess, and zn · · ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	ns Type of contribution
1		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
110.	raino, godroso, aria En	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

February   February	08738 ROSE & K V MATHEW FOUNDATION	NDATION		**************************************	ģ			4/28/2010 3:45 PM	3:45 PM
Statement 1 - Form 990-PF, Part 1, Line 16b - Accounting Fees   Purpose	38-3210581 FYE: 12/31/2009	İ	rederal	otatemer	<b>S</b>				
Net		Statement 1 -	Form 990-PF, Pa	art I, Line 16	b - Accountir	ng Fees			
Statement 2 - Form 990-PF, Part I, Line 18 - Taxes   Statement 2 - Form 990-PF, Part I, Line 18 - Taxes   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 24 - Form 990-PF, Part I, Line 25 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 25 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 25 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 25 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 25 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 26 - Statement 3 - Form 990-PF, Part I, Line 27 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 27 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 27 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 27 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 27 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 27 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, Line 28 - Other Part I, L	Description		Total		Vet stment	Adju	sted et	Charit Purp	able ose
Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	OP	   	1 1	li	497	w w			498
Statement 2 - Form 990-PF, Part I, Line 18 - Taxes   Purpose		) }		) }	, C.	) }		) }	r O
Net		Stateme		-PF, Part I, L	ine 18 - Taxe	δl			
Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses   Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Description		Total	- NA	Vet stment	Adju	usted let	Charit Purp	able ose
Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	XCISE TAX	\ \ 	~		20				
Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses           Cription         Total         Investment         Adjusted         Charitable           \$         231         \$         \$         \$           \$         231         \$         \$         0           \$         231         \$         \$         0	년	\ <sub>\^</sub>	26	w.	20	v.	0	φ.	0
Cription         Total         Net stment         Adjusted Net Net Net Street         Charitable Purpose           \$         231         \$         \$         \$           \$         231         \$         \$         \$           \$         231         \$         \$         0           \$         \$         \$         0         \$		Statement 3	- Form 990-PF, F	art I, Line 2	3 - Other Exp	enses			
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08738 ROSE & K V MATHEW FOUNDATION

**Federal Statements** 

FYE: 12/31/2009

38-3210681

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

		Beginning of Year	_	End of Year	Basis of Valuation		Fair Market Value
CORPORATE STOCK-SCHWAB SECURI	ries						
	\$	60,541	\$_	60,823	COST	\$_	43,598
TOTAL	\$	60,541	\$_	60,823		\$_	43,598

4/28/2010, 3:45.PM

08738 ROSE & K V MATHEW FOUNDATION

Federal Statements

38-3210681 FYE: 12/31/2009 4/28/2010, 3:45.PM

Statement 5 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amo	unt
K V MATHEW ROSAMMA S NIDHIRY	\$	
TOTAL	\$	0

08738 ROSE & K V MATHEW FOUNDATION

Federal Statements

FYE: 12/31/2009

38-3210681

4/28/2010, 3:45.PM

# **Taxable Dividends from Securities**

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code
CHARLES SCHWAB	\$ 420		14	
TOTAL	\$ 420			

#### ROSE & K V MATHEW FOUNDATION EIN 38-3210681 FORM 990PF YEAR 2009

#### PART XV - GRANTS AND CONTRIBUTIONS PAID

NAME	<u>ADDRESS</u>		RELATIONSHIP	CONTRIBUTION PAID
Angel Haven	25240 Laher Rd #2	Southfield MI 48034	NONE	300 00
Sacred Heart of Jesus	8501 Barley Rd	Flint MI	NONE	50 00
Food for the Poor	6401 Lyons Rd	Coconut Grove FL 33073	NONE	350 00
Blessed Sacrament Monastery	4123 Ryan Road	Sterling Heights MI 48314	NONE	50 00
Our Lady of the Lakes Church	5481 Dixie Hwy	Waterford MI 48237	NONE	1,375 00
St Thomas Syro Malabar Catholic Church	17235 Mt Vernon	Southfield MI 48015	NONE	7,330 00
St Vincent De Paul		Pontiac MI	NONE	100 00
St Hugo of the Hills	2215 Opdyke Rd	Bloomfield Hills MI 48301	NONE	950 00
Capuchia Mission Associates		Italy	NONE	245 00
EWTN	5817 Old Leeds Rd	Irondale AL 35210	NONE	250 00
Shrine of Don Bosco's Madona	Matunga Mumbar	Bombay India	NONE	760 00
St Benedicts Church	80 S Lyon	Waterford MI 48237	NONE	50 00
Michigan Catholic Radio	PO Box 4905	Troy MI 48099	NONE	100 00
St Pauline St Francis Convent	P O Box Maxi Rd	Zyarıs-m India	NONE	300 00
St Rocco Church	18 Third St	Glen Cove NY 11542	NONE	150 00
Luekemia Lymphoma Society	200 S Executive Dr Ste203	Brookfield WI 53005	NONE	30 00
Father George Purayidam		Davison MI	NONE	300 00
Sohaness Casey Center	1820 Mr Elliot	Detroit MI	NONE	120 00
Colombiere Center		Clarkston MI 48346	NONE	200 00
St Joseph Church	715 N Lapeer Rd	Lake Orion MI 48362	NONE	130 00
Divine Mission Health Care Center		New Jersey	NONE	600 00
St Peter & Paul Church	629 E Jefferson	Detroit MI 48226	NONE	50 00
Ave Maria Communications	1 Ave Maria Dr PO Box 504	Ann Arbor MI 48106	NONE	100 00
Life Legal Defense Foundation .	P O Box 2105	Napa CA 94555	NONE	200 00
Assumption Church	2403 Atlantic Blvd	Jacksonville FL 32207	NONE	50 00
Santa Maria Maggiore	Basilica of St Mary	Rome Italy	NONE	40 00
Shrine of the Little Flower		Royal Oak MI	NONE	50 00
P Grammaria Digioria		Italy	NONE	265 00
St Elize, St Joseph Convent		India	NONE	150 00
Men of the Sacred Hearts	35735 Mound Road	Sterling Heights MI 48314	NONE	300 00
Father Sebastein Vechookora		India	NONE	1,000 00
Lay Apostolate Foundation		Indiana	NONE	200 00
Smile Train	P O Box 96208	5	NONE	250 00
St Thomas Moore Church	624 W Poncedeleon	Decatur GA 30030	NONE .	100 00
Total Contributions Paid				16,495 00