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#### Form **990-PF**

Department of the Treasury

## **Return of Private Foundation**

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

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

2009

OMB No 1545-0052

Ec.	For calendar year 2009, or tax year beginning , and ending						
			Initial rature of a fa	ormer public charity	Final return		
u C	G Check all that apply: Initial return  Amended return		Address chan	·	Name change		
			Address chair	yc	<del></del>		
	the IR	S Name of foundation			A Employer identification	nuniver	
print		ROSE FOUNDATION C/O C	אמעססדאום צדאו	CHODM	45-0583747		
		Number and street (or P O box number if mail is not de		Room/suite	B Telephone number	<del></del>	
	rtype.	· ·		Thomas and	520-797-48	0.4	
	Specif	3686 W ORANGE GROVE R	D #192		1_		
Insti	ruction	City or town, state, and ZIP code  TUCSON , AZ 85741			C If exemption application is ped D 1. Foreign organizations		
	baal b		amat assets foundation	<del></del>	Foreign organizations medicheck here and attach column.	eting the 85% test,	
H_ (	¬ '	· · · · · · · · · · · · · · · · · · ·	empt private roundation Other taxable private founda	ation	check here and attach co	mputation	
<u> </u>		ion 4947(a)(1) nonexempt charitable trust Lacket value of all assets at end of year J Accounting		Accrual	E If private foundation stat		
		·   —	her (specify)	Accidai	under section 507(b)(1)	• •	
	om Pa ·\$		mn (d) must be on cash l	hasis )	F If the foundation is in a 6 under section 507(b)(1)		
				•		(d) Disbursements	
Га		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	for charitable purposes (cash basis only)	
		Contributions, gifts, grants, etc., received	43,223.		<del> </del>	(cash basis only)	
		theck from a the foundation is not required to attach Sch. B	43,443.				
	o Ir	nterest on savings and temporary	2.	2.		STATEMENT 1	
	٠ "	ash investments Dividends and interest from securities	2.			DIAIDMENT I	
		Gross rents				-	
		or USS TETUS				-	
	ا ا	· · ·					
Ë	ا رو	let gain or (loss) from sale of assets not on line 10 cross sales price for all					
Revenue		ssets on line 6a Capital gain net income (from Part IV, line 2)		0.			
Re	Ι΄.	let short-term capital gain				-	
	Ι.	ncome modifications					
	و ما	Gross sales less returns	· · · · · ·				
		ess Cost of goods sold					
		Gross profit or (loss)				· · · · · · · · · · · · · · · · · · ·	
		Other Income					
		Fotal Add lines 1 through 11	43,225.	2.	0.		
			0.	0.		0.	
	14 (	Compensation of officers, directors, fursions, etc.  Other employee salanes and wages					
		Pension plans, [employee benefits	-	· · · · · · · · · · · · · · · · · · ·		##* En	
ses					<u> </u>		
ens	h A	Legal fees MAR 1 5 2010					
Š	6.0	Other professional fees		<u></u>			
9	17	Other professional fees OGDEN, UT					
SCABBIER MAKAMINISTANIEExpen	18 T	axes					
e43 ₽	19 [	Depreciation and depletion			-		
e#	20 (	Occupancy				-	
ص§	21 1	ravel, conferences, and meetings					
∯	22 F	Printing and publications	-	-			
_p	23 (	Other expenses STMT 2	22.	22	. 0.	0.	
	24 1	Total operating and administrative					
<b></b>		expenses. Add lines 13 through 23	22.	22	. 0.	0.	
3	25 (	Contributions, gifts, grants paid	42,790.	==		42,790.	
S	26 1	Total expenses and disbursements					
Ø	[	Add lines 24 and 25	42,812.	22	0.	42,790.	
		Subtract line 26 from line 12:					
	ì	Excess of revenue over expenses and disbursements	413.				
	l .	Vet investment income (if negative, enter -0-)		0			
	l .	Adjusted net income (if negative, enter -0-)			0.		
9235						Form 990-PF (2009)	

For	Form 990-PF (2009) ROSE FOUNDATION C/O CATHERINE KINGHORN 45-0583747 Page 2					
Б	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	628.	4,039.	4,039.	
	2	Savings and temporary cash investments	4,506.	1,508.	1,508.	
	3	Accounts receivable	_			
		Less: allowance for doubtful accounts				
	4	Pledges receivable ►	_			
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less; allowance for doubtful accounts ▶				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation				
	15	Other assets (describe ►				
	16	Total assets (to be completed by all filers)	5,134.	5,547.	<u>5,547.</u>	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ø	19	Deferred revenue				
Liabilitie	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	21	Mortgages and other notes payable				
Ξ	22	Other habilities (describe )				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
	ŀ	and complete lines 24 through 26 and lines 30 and 31.				
Ses	24	Unrestricted				
Fund Balances	25	Temporarily restricted				
Bal	26	Permanently restricted				
2	ł	Foundations that do not follow SFAS 117, check here				
Ţ		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	0.	0.		
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	5,134.	5,547.		
ě	30	Total net assets or fund balances	5,134.	5,547.		
_						
	31	Total liabilities and net assets/fund balances	5,134.	5,547.		
<u> </u>	art	Analysis of Changes in Net Assets of Fund L			. <u></u>	
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	e 30			
	(mu	st agree with end-of-year figure reported on prior year's return)		1	5,134.	
2		r amount from Part I, line 27a	2	413.		
		er increases not included in line 2 (itemize)		3	0.	
4	Add	lines 1, 2, and 3		4	5,547.	
5	Dec	reases not included in line 2 (itemize)		5	0.	
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	5,547.	
					Form <b>990-PF</b> (2009)	

42,790.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

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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 here X and enter 1%			0.
	of Part I, line 27b			
C	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-)			<u>0.</u>
3	Add lines 1 and 2			0.
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.
	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
đ	Backup withholding erroneously withheld 6d			_
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			
	rt VII-A Statements Regarding Activities		V	NI-
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	
	any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		<u> </u>
	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.			7.5
	Did the foundation file Form 1120-POL for this year?	10		<u>X</u>
d	d 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. • \$			v
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	3		v
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
	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
J	If "Yes," attach the statement required by General Instruction T.			
a	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
Ū	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?	7	X	
•	If "Yes," complete Part II, col. (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
AZ				
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			
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	8b	Х	
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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orm 990-PF (2009) ROSE FOUNDATION C/O CATE			<u>45-05837</u>	47 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational ourposes, or			
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described			
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A S	5b
Organizations relying on a current notice regarding disaster assistance check	•		<b>▶</b> □ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned		
expenditure responsibility for the grant?		√A	s No	
If "Yes," attach the statement required by Regulations section 53.494		1/21		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		i	
a personal benefit contract?	pay premiums on	[	es X No	
·	norganal hangist contract?	L 1 **	-	Sb X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal beliefit contract?		-	Sb X
If "Yes" to 6b, file Form 8870.	-h-lt- 44 0		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6		
b If yes, did the foundation receive any proceeds or have any net income attribu			· ~~/ ~~	7b
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	anagers, Higni	,	
List all officers, directors, trustees, foundation managers and their	componention			
List all officers, directors, a distees, foundation managers and their	<del></del>	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
.,	to position	enter -0-)	compensation	allowances
CATHERINE M. KINGHORN	BOARD MEMBER			
3686 WEST ORANGE GROVE ROAD, #192				_
rucson, az 85741	2.00	0.	0.	0.
DR. EUGENE J. KINGHORN	BOARD MEMBER			
3686 WEST ORANGE GROVE ROAD, #192				
rucson, az 85741	1.00	0.	0.	0.
IAN SHALEK	BOARD MEMBER			
3686 WEST ORANGE GROVE ROAD, #192				
rucson, az 85741	1.00	0.	0.	0.
	<u> </u>			
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(-) Componentian	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
		İ		
	<del></del>			
			- : :	
	1			
	1			
	<u> </u>	<del>                                     </del>		
	†			
Total number of other employees paid over \$50,000			<u> </u>	0
ו טעפו חטוווטפו עו ענווען נווואוטאַפפט צפוט טעפו שטע,טטט			Enrm C	990-PF (2009)
			1 01111 €	(2003)

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Form 990-PF (2009) ROSE FOUNDATION C/O CATHERINE K		0583747 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Hignly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del> </del>		
	_	
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
Ι Μ/ Ω		1
		-
2		-
	·	-
3		
S	· · · · · · · · · · · · · · · · · · ·	1
		1
		<del> </del>
4		1
		4
Part IX-B Summary of Program-Related Investments	<del> </del>	l
Describe the two largest program-related investments made by the foundation during the tax year of	lines 1 and 2.	Amount
1 N/A		
1 N/A	<del></del>	†
		1
0		<del> </del>
2		_
		1
All other program related investments. Con instructions		<del> </del>
All other program-related investments. See instructions.		
3		1
		1
Total. Add lines 1 through 3		0.

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Р	art X Minimum Investment Return (All domestic foundations r	must complete this part.	Foreign foun	idations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc., purposes:			<u> </u>
a	Average monthly fair market value of securities			1a	0.
Ь	Average of monthly cash balances			1b	<u> </u>
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	5,233.
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	5,233.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see instructions)		4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	n Part V, line 4		5	5,155.
6	Minimum investment return. Enter 5% of line 5			6	258.
P	Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here  and do not complete this part		oundations an	d certain	
1	Minimum investment return from Part X, line 6			1	258.
2a	Tax on investment income for 2009 from Part VI, line 5	2a			
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	258.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	258.
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	t XIII, line 1		7	258.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	42,790.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ble, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3 <u>a</u>	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	ınd Part XIII, line 4	ļ	4	42,790.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invo	estment			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	42,790.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years v	when calculating whether the	foundation o	malifies for the	section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

Corpus Years prior to 2008 2009  1 Distributable amount for 2009 from Part XI, line 7  2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only b Total for prior years:  Sexcess distributions carryover, if any, to 2009: a From 2004 b From 2005 c From 2006
line 7  2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only b Total for prior years:
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only b Total for prior years:
b Total for prior years:  Color of the prior years:  Bexcess distributions carryover, if any, to 2009:  a From 2004 b From 2005
b Total for prior years:  , , , , , , , , , , , , , , , , , , ,
a From 2004 b From 2005
a From 2004 b From 2005
a From 2004 b From 2005
c From 2006
d From 2007
e From 2008 47,948.
f Total of lines 3a through e 47,948.
4 Qualifying distributions for 2009 from
Part XII, line 4: ►\$ 42,790.
a Applied to 2008, but not more than line 2a
b Applied to undistributed income of prior
years (Election required - see instructions)
c Treated as distributions out of corpus
(Election required - see instructions)
d Applied to 2009 distributable amount
e Remaining amount distributed out of corpus 42,532.
5 Excess distributions carryover applied to 2009  0.
(If an amount appears in column (d), the same amount must be shown in column (a))
6 Enter the net total of each column as indicated below:
a Corpus Add lines 3f, 4c, and 4e Subtract line 5
b Prior years' undistributed income. Subtract
line 4b from line 2b
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
e Undistributed income for 2008. Subtract line
4a from line 2a. Taxable amount - see instr.
f Undistributed income for 2009. Subtract
lines 4d and 5 from line 1. This amount must
be distributed in 2010
7 Amounts treated as distributions out of
corpus to satisfy requirements imposed by
section 170(b)(1)(F) or 4942(g)(3)
8 Excess distributions carryover from 2004
not applied on line 5 or line 7
9 Excess distributions carryover to 2010.
Subtract lines 7 and 8 from line 6a 90, 480.
10 Analysis of line 9:
a Excess from 2005
b Excess from 2006
c Excess from 2007
d Excess from 2008 47,948.
e Excess from 2009 42,532.

Form 990-PF (2009) ROSE FO	<u>UNDATION C/</u>	O CATHERINE	KINGHORN	45-05	837 <u>4</u> 7 Page 10		
Part XIV Private Operating F			A, question 9)	N/A			
1 a If the foundation has received a ruling o							
foundation, and the ruling is effective fo			▶ └				
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 49	42(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	1 (4) 0000	(a) Takal		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
investment return from Part X for							
each year listed	<del>_</del>		<del></del>				
<b>b</b> 85% of line 2a							
<ul> <li>Qualifying distributions from Part XII,</li> </ul>							
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: a "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 X, line 6 for each year listed							
c "Support" alternative test - enter:		· · · · · · · · · · · · · · · · · · ·			<u>.</u>		
(1) Total support other than gross							
investment income (interest,							
dividends, rents, payments on							
securities loans (section							
512(a)(5)), or royalties)					<del></del>		
(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	<u> </u>						
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets		
at any time during t	he year-see the i	instructions.)					
1 Information Regarding Foundation	n Managers:						
a List any managers of the foundation wh			ributions received by the	foundation before the clo	se of any tax		
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)					
NONE		<del></del>	~	<u>_</u>			
<b>b</b> List any managers of the foundation wh			or an equally large porte	on of the ownership of a p	artnership or		
other entity) of which the foundation ha	s a 10% or greater interes	st.					
NONE							
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:				
Check here 🕨 🗶 if the foundation of	Check here \(\bigs\) 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.	(see instructions) to indiv	viduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	l d		
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:				
	•						
b The form in which applications should t	b The form in which applications should be submitted and information and materials they should include:						
		<b>--</b>					
c Any submission deadlines:	c Any submission deadlines:						
		-					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:			
			<del></del>				

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year CHURCH 2,083. SAINT ELISABETH ANN SETON NONE SUPPORT CATHOLIC CHURCH 8650 N. SHANNON ROAD TUCSON, AZ 85742 39,582. SAINT THOMAS MORE NONE CHURCH SUPPORT CATHOLIC CHURCH 1615 E. 2ND STREET TUCSON, AZ 85719 501(C)(3) SUPPORT TESOL NONE 1,000. 700 SOUTH WASHINGTON STREET, SUITE 200 ALEXANDRIA, VA 22314 501(C)(3) SUPPORT 125. ARIZONA JUNIOR MISS NONE FOUNDATION 751 GOVERNMENT STREET MOBILE, AL 36602 42,790. ▶ 3a Total **b** Approved for future payment NONE 0. Tota!

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Form 990-PF (2009) ROSE FOUNDAT	ION C/O CA	THERINE KI	<u>NGHORN</u>	45-0	583747 Page 12
Part XVI-A Analysis of Income-Pr	oducing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded t	by section 512, 513, or 514	(e)
ther gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Bušiness code	Amount	sion	Amount	function income
•	6000		-		
a		-	-		
	E 1				
c					<del></del>
d					
e					· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies		· - · · · · · · · · · · · · · · · · · ·			
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash					·
investments			14	2.	
4 Dividends and interest from securities	-	<del>-</del> .	1 - 1		·
5 Net rental income or (loss) from real estate:	-		<u> </u>		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal		· <u> </u>			· · · · · · · · · · · · · · · · · · ·
property				·	
7 Other investment income			<del></del>		
8 Gain or (loss) from sales of assets other			<del> </del>		<u></u>
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					· · · · · · · ·
11 Other revenue:				····	
a	1 1				
c	1 1				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		2.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<del> </del>		<del></del>		2.
(See worksheet in line 13 instructions to verify calculations	ons.)				
Part XVI-B Relationship of Activit		nnlishment of F	vemnt D	urnosas	· · · · · · · · · · · · · · · · · · ·
Part AVI-B Relationship of Activity	ies to the Accom	ipiisiiiieiit oi L	-xempt r		
Line No. Explain below how each activity for which			-A contributed	d importantly to the accomp	olishment of
the foundation's exempt purposes (other	r than by providing fund	s for such purposes).			
		<del></del>			
					·····
		<del>.</del>			<del></del>
					<del></del>
		<del></del>			
		<del>-</del> -			
					<u> </u>

923621 02-02-10

ROSE FOUNDATION C/O CATHERINE KINGHORN Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exchipt Organ	izations					
1	Did th	e organization directly or indir	rectly engage in any of the followin	g with any other organization	described in section 501(c) of		Yes	No
	the Co	ode (other than section 501(c)	)(3) organizations) or in section 52	7, relating to political organiz	rations?			
а	Trans	fers from the reporting founda	ation to a noncharitable exempt org	ganization of:				
	<b>(1)</b> 0					1a(1)		_X_
	(2) (	Other assets				1a(2)	_	<u>X</u>
b	Other	transactions:						ı
	(1) S	Sales of assets to a noncharital	ble exempt organization			1b(1)		<u> </u>
	(2) P	Purchases of assets from a nor	ncharitable exempt organization			1b(2)		<u>X</u>
	(3) F	Rental of facilities, equipment,	or other assets			1b(3)		<u>X</u>
	(4) F	Reimbursement arrangements				1b(4)		<u>X</u>
	(5) L	oans or loan guarantees				1b(5)		<u>X</u>
	٠,		mbership or fundraising solicitatio			1b(6)		X
C		•	ılıng lists, other assets, or paid em	•		1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement,						sets,		
				ed less than fair market value	in any transaction or sharing arrangement,	show in		
- 1			other assets, or services received.		T (4)			
<b>a</b> )	Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	nts
_			N/A					
					-			
						<u> </u>		
		<u> </u>						
_				<del> </del>		-		
				· · · · · · · · · · · · · · · · · · ·				—
_		to add and add and			J		-	—
28		•	tly affiliated with, or related to, one	• •	Ations described	— , <sub>v</sub>	Ī₩	No
		• •	r than section 501(c)(3)) or in sect	1011 3217	L	Yes		1 ио
	ii re:	s," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relation	shin		
		N/A	jainzation	(b) Type or organization	(v) besorption of relations	,p		
		N/A						
-	-				······································		_	
_							_	
			ſ					
	Under p	penaries of perjury, I declare that I h	have exampled this return, including acco	mpanying schedules and stateme	nts, and to the best of my knowledge and belief, it is	true, corre	ect,	
	and con	npet Declaration of prepares (other	er than taxpayer or fiduciary) is based on	all information of which preparer h	as any knowledge			
		tallen		13/11/2010	Trustee			
Ĕ.	S	gnature of officer or trustee	<del>//)</del>	Date	Title			
Ĕ		Preparer's	· U	Da Da	te Check if Prepa	rer's identif	ying nun	iber
Ę	, Z ≥	signature	m a . 1 Chair		. [   colf_			
n	Paid Preparer's Use Only	Firm's name (or yours R &	A CPAS A PROFES		<del></del>			
	rep Jse	if self-employed), 4542	0				-	
	ر آه	address, and ZIP code TUCS			Phone no. (520	) 88	1-4	900
_			<u> </u>			orm <b>990</b>		
					•		(	,

#### 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

**Employer identification number** 

R	OSE FOUNDATION C/O CATHERINE KINGHORN	45-0583747				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	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 Ru	e See instructions				
General Rule						
X For an organization contributor. Comp	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo plete Parts I and II	oney or property) from any one				
Special Rules						
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III					
contributions for of this box is checonomic purpose. Do not do	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000 ly religious, charitable, etc ,				
-	that is not covered by the General Rule and/or the Special Rules does not file Schedule E n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2					

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Page 1 of 1 of Parti

Name of organization

Employer identification number

# ROSE FOUNDATION C/O CATHERINE KINGHORN

45-0583747

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROSE MANAGEMENT GROUP  3686 WEST ORANGE GROVE ROAD, SUITE 192  TUCSON, AZ 85741	\$43,223.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) 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 contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

923452 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH II	IVESTMENTS S	STATEMENT	1
SOURCE	AMOUNT				
CHASE BANK INTEREST					
TOTAL TO FORM 990-PF, PART I	<del>-</del>		2.		
FORM 990-PF	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
BANK FEES	22.	22.	0	•	0.
TO FORM 990-PF, PG 1, LN 23	22.	22.	0		0.