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990-PF

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

OMB No 1545-0052

2009

Treated as a Private Foundation Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2009, or tax year beginning and ending Initial return of a former public charity Final return G Check all that apply Initial return Name change Amended return Address change Name of foundation A Employer identification number Use the IRS 91-1790629 label. FRANCES & DAVID ROSE FOUNDATION Telephone number (see page 10 of the instructions) Otherwise. 907-272-7575 print Room/suite Number and street (or P O box number if mail is not delivered to street address) or type. 900 W. 5TH AVENUE 601 If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. **ANCHORAGE** AK 99501-2929 2. Foreign organizations meeting the |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Cash X Accrual J Accounting method Fair market value of all assets at end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 1,054,457 line 16) ▶ (Part I, column (d) must be on cash basis ) \$ Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net expenses per for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal books income ıncome purposes the amounts in column (a) (see page 11 of the instructions) ) (cash basis only) 1,800 Contributions, gifts, grants, etc., received (attach schedule) Check ► |X| If the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 6,865 6,865 33,479 33,479 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns & allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 42,144 40,344 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) STMT 1 950 Accounting fees (attach schedule) Other professional fees (attach schedule) C 17 Interest Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 2 25 23 Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 975 35,750 35,750 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 36,725 35,750 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 5,419

40,344

Form 990-PF (2009)

0

Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

Form 990-PF (2009)

91-1790629

FRANCES & DAVID ROSE FOUNDATION

Page 2

Part IV- Capital Gains and	Losses for Tax on Investment Inc	ome	1 2	· · · · · · · · · · · · · · · · · · ·		rage (
	the kind(s) of property sold (e.g., real estate, use, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date ad (mo , da)		( <b>d)</b> Date sold (mo , day, yr )
1a N/A			<u> </u>			
b						
С						
d						
e	<del></del>		<u> </u>			L
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			or (loss) ) minus (g)
a						<del></del>
<u>b</u>						
d d						
6		•		ļ		
	ain in column (h) and owned by the foundation	on 12/31/69		//\ G	iains (Col	(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	col (k	), but not	less than -0-) or om col (h))
a						
b						
<u>c</u>						
d	+					
е	If gain, also enter in Part I, Iii	ne 7 ¬		<del>                                     </del>		
2 Capital gain net income or (net capital	If (loss), enter -0- in Part I, III	•		2		
3 Net short-term capital gain or (loss) a		,		<del>-                                   </del>	·	
, , ,	umn (c) (see pages 13 and 17 of the instruction	ons)				
If (loss), enter -0- in Part I, line 8				3		
Part V Qualification Und	er Section 4940(e) for Reduced Ta	x on Net I	nvestment Inco	me		
(For optional use by domestic private fou	indations subject to the section 4940(a) tax on	net investme	nt income )			
f section 4940(d)(2) applies, leave this p	art blank					
Mas the foundation liable for the section	4942 tax on the distributable amount of any ye	ar in the back	a pariod2	es X No		
	under section 4940(e) Do not complete this pa		e period.	C3 [==] 140		
	n column for each year, see page 18 of the ins		re making any entrie			
(a)	(b)		(c)	1		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of nonchantable-use ass	sets		ibution ratio ivided by col. (c))
2008	48,700		997,	393	, , ,	0.048827
2007	55,460		1,276,	853		0.043435
2006	35,700		1,244,			0.028697
2005	89,854		1,151,			0.078007
2004	94,414	<u> </u>	940,	314	T	0.100407
						0 200277
2 Total of line 1, column (d)				2	-	0.299373
number of years the foundation has l	ear base period—divide the total on line 2 by 5,	, or by the		3		0.059875
number of years the loundation has i	Deen in existence in less than 5 years			-		0.033073
4 Enter the net value of noncharitable-	use assets for 2009 from Part X, line 5			4		850,898
5 Multiply line 4 by line 3				5		50,948
6 Enter 1% of net investment income (	1% of Part I, line 27b)			6		403
7 Add lines 5 and 6				7		51,351
8 Enter qualifying distributions from Pa	rt XII, line 4			8		35,750
If line 8 is equal to or greater than line Part VI instructions on page 18	e 7, check the box in Part VI, line 1b, and com	plete that par	t using a 1% tax rate	See the		

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instru	ctions)					
1a ्	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<u> </u>			<u>807</u>		
	here ▶ and enter 1% of Part I, line 27b	1					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	1					
	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-				807		
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009  6a 1,745	1					
_	Exempt foreign organizations—tax withheld at source  6b	1					
b	Tax paid with application for extension of time to file (Form 8868)  6c						
C		1					
d 7		Ť		1 '	745		
7		+		<u> </u>	, 43		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	+					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				020		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			-	<u>938</u>		
<u> 11</u>	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 938 Refunded ▶ 11	ــــــــــــــــــــــــــــــــــــــ					
<u>Pa</u>	rt VII-A Statements Regarding Activities		· · · · · · · · · · · · · · · · · · ·	1			
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						
	of the 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			1			
С	Did the foundation file Form 1120-POL for this year?		1c		X		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(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			1			
	on foundation managers > \$			1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X		
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	N/A	5				
•	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						
U	By language in the governing instrument, or			ŀ			
				- 1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			v			
-	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				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	•					
	instructions) ► AK			-			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			- 1	7,		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STMT 7		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	i	9		<u> </u>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses		10		<u>X</u>		
		Fo	rm <b>99</b> (	)-PF	(2009)		

Form	990-PF (2009) FRANCES & DAVID ROSE FOUNDATION 91-1790	629			Р	age 5
Pa	art VII-A Statements Regarding Activities (continued)					
11 (	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11	<u></u>	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	X	L
	Website address ► N/A		007 (			_
14		Telephone no 🕨	907-2	272-	757	5
	900 W. 5TH AVE., STE 601		0050		20	
	Located at ANCHORAGE, AK	ZIP+4 ▶	99501	-20	29	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	<b>~</b> 1	ا مد			
	and enter the amount of tax-exempt interest received or accrued during the year	<u>P  </u>	15			
_ P &	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require	eu		Ţ	Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				105	140
1a	During the year did the foundation (either directly or indirectly)	Yes	X No		:	
	<ul><li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person?</li><li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a</li></ul>	1es	22 140			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No X No		:	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for					
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days )	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula	tions				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ 📋			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ē			
	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c	ļ	<u> </u>
Ž	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	П.,	<b>.</b>			
	6e, Part XIII) for tax year(s) beginning before 2009?	∐ Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		21/ 22	20		
Ů	► 20 , 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	f				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2009 )		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	es?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it	ts				
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	2009?		4b	L	<u> </u>
			F	orm <b>99</b>	0-PF	(2009)

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Pa	art VII-B Statements Regardin	g Activities for W	hich Form 4720	May Be Re	equired (cont	inued)		, <sub>1</sub>		<del></del>
5a ୍	During the year did the foundation pay or in-	cur any amount to				_				l
	(1) Carry on propaganda, or otherwise atte	mpt to influence legisla	tion (section 4945(e)	))?		Yes X	No			İ
	(2) Influence the outcome of any specific p	ublic election (see sect	ion 4955), or to carry	on,	-	_				İ
	directly or indirectly, any voter registrati	on drive?				Yes X			:	
	(3) Provide a grant to an individual for trave	el, study, or other simila	r purposes?			Yes X	No		-	
	(4) Provide a grant to an organization other	than a charitable, etc	, organization descril	oed in					:	
	section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see page	22 of the instruction	s)		Yes X	No			l
	(5) Provide for any purpose other than relig	ilous, charitable, scient	ific, literary, or educa	itional	_					1
	purposes, or for the prevention of crueli	y to children or animals	s?			Yes X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail t	o qualify under the e	xceptions desc	nbed in					ĺ
	Regulations section 53 4945 or in a current	notice regarding disast	ter assistance (see p	age 22 of the in	nstructions)?		N/A	5b		<u> </u>
	Organizations relying on a current notice re-	garding disaster assista	ance check here			▶ 📘				l
С	If the answer is "Yes" to question 5a(4), does	s the foundation claim	exemption from the	tax	_					Ī
	because it maintained expenditure responsi	bility for the grant?			N/A 📙	Yes	No			1
	If "Yes," attach the statement required by R	egulations section 53 4	945-5(d)						<del>-</del>	ł
6a	Did the foundation, during the year, receive	any funds, directly or in	ndirectly, to pay prem	niums						ł
	on a personal benefit contract?					Yes X	No		:	1
b	Did the foundation, during the year, pay pre	miums, directly or indire	ectly, on a personal t	enefit contract	?			6b		X
	If "Yes" to 6b, file Form 8870									I
7a	At any time during the tax year, was the fou	ndation a party to a pro	hibited tax shelter tra	ansaction?		Yes X	' -			ــــــ
b_	If yes, did the foundation receive any proces						N/A	7b		<u> </u>
Pa	art VIII Information About Offic	cers, Directors, T	rustees, Found	ation Mana	gers, Highly	Paid Em	ploye	es,		
	and Contractors									
<u>1 L</u>	ist all officers, directors, trustees, founda	tion managers and th	eir compensation (	see page 22 o	f the instructions	T		<del></del>		
			(b)	Title, and average	(c) Compensation	(d) Contri	outions to e benefit	(e) Fx	pense a	occount,
	(a) Name and ad	dress		hours per week devoted to position	(If not paid, enter -0-)	plans and	ans and deferred		r allowa	
				·	· · · · · · · · · · · · · · · · · · ·	comper	isauon	ļ		
	ANCES ROSE	ANCHORAGE		ESIDENT						
	00 W. 5TH AVENUE STE 601	AK 99501	1	1.00	<u> </u>	01	0	<u> </u>		<u></u>
	AN ROSE	ANCHORAGE		CRETARY		]	_			_
90	00 W. 5TH AVENUE STE 601	AK 99501		1.00	<u> </u>	7	0	<del> </del>		0
								<del>                                     </del>		
				j						
	Compensation of five highest-paid empl	avece (ather than the	se included on line	1 000 0000	22 of the instruct	ions)		<u> </u>		
2	If none, enter "NONE."	oyees (other than tho	se included on line	1—500 page 2	es of the mistract	10115).				
						(d) Contri	outions to	T		
	(a) Name and address of each employe	e paid more than \$50.000	(b)	Title, and average hours per week	(c) Compensation	employe	e benefit		pense a	
	(4,,	- <b>,</b>		devoted to position	(4, 44	plans and comper		othe	r allowa	nces
NO.	)NE					<del>1</del>		-		
-110										
			<del></del>							
						† ··				
	· · · · · · · · · · · · · · · · · · ·							Ī		
						1				
					<u> </u>			L		
Tota	I number of other employees paid over \$50,0	00						<b>&gt;</b>		
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Part VIII Information About Officers, Directors, Trustees, Foundati and Contractors (continued)	on Managers, Highly Paid Emp	
3 Five highest-paid independent contractors for professional services (see page 23 of	the instructions). If none, enter "NONE	."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		***
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info organizations and other beneficiaries served, conferences convened, research papers produced, etc.	rmation such as the number of	Expenses
1 N/A		
2		-
3		
4		
Part IX-B Summary of Program-Related Investments (see page 24	Lof the instructions)	_i
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a		Amount
1 N/A		Amount
2		
All other program-related investments. See page 24 of the instructions.		

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Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see page 24 of the instructions )		<del></del>
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	746,353
b	Average of monthly cash balances	1b	117,503
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	863,856
9	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	863,856
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	12,958
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	850,898
6	Minimum investment return. Enter 5% of line 5	6	42,545
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private ope	rating	
	foundations and certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	42,545
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	807
3	Distributable amount before adjustments Subtract line 2c from line 1	3	41,738
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	41,738
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	41,738
Ps	art XII Qualifying Distributions (see page 25 of the instructions)		
	Transfer additional designation (edge 20 of the motifications)		
i	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	<u>1a</u>	35,750
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1	
а	Suitability test (prior IRS approval required)	3a	
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, and Part XIII, line 4	4	35,750
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,750

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

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36,452

Excess from 2005

Excess from 2006 Excess from 2007 Excess from 2008 Excess from 2009

Pa	n XIV Private Operating Fol	undations (see pa	age 27 of the instr	uctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or of		•	9		
, ·	foundation, and the ruling is effective for 2 Check box to indicate whether the foundation.			d in section	042(1)(2) or 4041	2(1)(5)
b 2a	Enter the lesser of the adjusted net	Tax year	ng toundation describe	Prior 3 years	942(j)(3) or   4942	2(j)(5)
20	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for	(4) 2000	(0) 2000	(0) 2007	(8) 2000	
	each year listed					
ь	85% of line 2a		<del></del>			
c	Qualifying distributions from Part XII,		<del>\</del>			
-	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c				1	
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets			ļ		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					<del></del>
Ь	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in			Ì		
	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					
	512(a)(5)), or royalties)					
	(2) Support from general public		! 			
	and 5 or more exempt			İ		
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	-				<del></del>
Pa	rt XV Supplementary Inforn	nation (Complete	this part only if t	he foundation ha	d \$5,000 or more	in assets at
	any time during the ye					
1	Information Regarding Foundation Mai	nagers:				
а	List any managers of the foundation who l			-	the foundation	
	before the close of any tax year (but only i	f they have contributed	more than \$5,000) (S	ee section 507(d)(2))		
	N/A		_			· · · · · · · · · · · · · · · · · · ·
b	List any managers of the foundation who				ortion of the	
	ownership of a partnership or other entity) $\mathbf{N/A}$	of which the foundation	n has a 10% or greater	interest		
2	· · · · · · · · · · · · · · · · · · ·	Cift Loop Sobo	lambin sta Bassan			
2	Information Regarding Contribution, G Check here ▶ ☐ If the foundation only					
	unsolicited requests for funds. If the found	makes contributions to		-		
	organizations under other conditions, com			i the instructions) to inc	iividuals of	
а	The name, address, and telephone number			ne addressed		<u></u>
•	FRANCES H. ROSE 907-		m applications should i	De addressed		
	900 W. 5TH AVENUE, ST		RAGE AK 995	01-2929		
b	The form in which applications should be				<del></del>	
	SEE STATEMENT 8		·			
С	Any submission deadlines					
d	NONE  Any restrictions or limitations on awards, s	uich as hy gaographica	d areas, observable fold	a kinda of institutions	or other factors	
u	NONE	outh as by geographica	ii areas, chantable field	o, kindo di institutions,	or other factors	
					<del></del>	5 990 DE (0000)

3 Grants and Contributions Paid During the	Year or Approved for Fi	uture Payment		<del>-</del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 9				35,750
Total		<del></del>	▶ 3a	35,750
<ul> <li>b Approved for future payment</li> <li>N/A</li> </ul>				
·				
Total		<u> </u>	<b>&gt;</b> 3b	
i otal				

Page 12

Part >	VI-A Analysis of Income-Producing Acti	vities				
	ss amounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
`	•	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1 Progr	am service revenue			code		the instructions)
a					-	· · · · · · · · · · · · · · · · · · ·
b		ļ		ļ		
c		ļ		<del> </del>		
				<b>_</b>		
		ļ		-		
f				<u> </u>		
-	ees and contracts from government agencies					<del></del>
	ership dues and assessments st on savings and temporary cash investments			<del>                                     </del>		6,865
	ends and interest from securities			<del> </del>		33,479
	ental income or (loss) from real estate					
	ebt-financed property					
	ot debt-financed property					<del></del>
	ental income or (loss) from personal property					
	investment income					
8 Gain	or (loss) from sales of assets other than inventory					
9 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a			<u> </u>		
b				<del>                                     </del>		
				+		
<u>a</u>	· · · · · · · · · · · · · · · · · · ·			<del> </del>		
42 Subta	tal Add columns (b), (d), and (e)		C	,	0	40,344
	Add line 12, columns (b), (d), and (e)	L	L	′1	13	40,344
	sheet in line 13 instructions on page 28 to verify calculations	1			''	30,523
Part >			ent of Exempt Pu	ırposes		
Line N ▼	<ul> <li>Explain below how each activity for which income is accomplishment of the foundation's exempt purpose</li> </ul>	reported in col	umn (e) of Part XVI-A	contribute	ed importantly to the	he
2-/-	instructions )					
N/2						
<del></del>	<del></del>				<del></del>	<del> </del>
				-		
					·	<u>-</u>
						<del>~~</del>
				•		
		_				·
	<u> </u>					
			<del> </del>			·
			<del></del>			
					······································	·····

P	art XVII	Information Reg	_	nsfers To and	Transactio	ns and Rela	tionships With N	oncharitable		<u>ge 10</u>
1	Did the	rganization directly or indi		in any of the followi	ing with any oth	er organization	described		Yes	No
		n 501(c) of the Code (othe	, ,	•	•	•				
а	•	s from the reporting found:	ation to a non	charitable exempt o	roanization of					•
a		• •		chantable exempt o	rgariization or			10/4		v
	(1) Casi							1a(1		X
	(2) Othe							1a(2	4	X
b	Other tra	insactions						-		<b></b>
	(1) Sale	s of assets to a nonchanta	ible exempt o	rganızatıon				1b(1	)	<u> </u>
	(2) Purc	hases of assets from a no	ncharitable e	xempt organization				1b(2	<u>1</u>	X
	(3) Ren	al of facilities, equipment,	or other asse	ts				1b(3		X
	(4) Rein	nbursement arrangements						1b(4		X
		ns or loan guarantees						1b(5		X
		ormance of services or me	mhershin or i	fundraising solicitati	one			1b(6		X
_	• •		•	•					+	X
	_	of facilities, equipment, ma	•	•		41.5 1.4 1.4		<u> 1c</u>		_ <u> </u>
d		swer to any of the above is		<del>-</del>			-			
	value of	the goods, other assets, or	r services giv	en by the reporting f	foundation If th	e foundation red	ceived less than fair ma	arket		
	value in	any transaction or sharing	arrangement	, show in column (d	) the value of the	e goods, other	assets, or services reci	eived		
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exemp	ot organization	(d) Desc	ription of transfers, transac	ctions, and sharing arrang	ements	
1/	A									
		<del></del>	† <del> </del>			İ		-		
-			<del>                                     </del>							
		<u> </u>				<del> </del>	<del></del>	<del></del>		
						<del>                                     </del>				
			<b> </b>			ļ		<del></del>		
									<del></del>	
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			į					· · · · · · · · · · · · · · · · · · ·		
			<del> </del>	<del></del>		†····				
					· · ·					
		· · · · · · · · · · · · · · · · · · ·								
		<del></del>	ļ							
			<del> </del>							
						<u> </u>				
2a	is the for	indation directly or indirect	ly affiliated wi	th, or related to, one	e or more tax-e	xempt organizat	ions	_		_
	describe	d in section 501(c) of the C	Code (other th	an section 501(c)(3	)) or in section	527?			es X	No
b		complete the following sch								_
		(a) Name of organization	-	(b) Type of or	ganization	1	(c) Description	of relationship		
	N/A	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	<del> </del>	<del></del>			
		'				<del>                                     </del>	<del></del>	=		
_						<del>  · · · ·                               </del>		· · ·		
					·	+				
						<del>                                     </del>				
						<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	Under per	alties of perjury, I declare that	I have examine	ed this return, including	accompanying s	chedules and state	ments, and to the best of	my knowledge and		
	belief, it is	trile, correct, and complete D	1	eparer (other than taxp	ayer or fiduciary)	1 -	ormation of which preparer	has any knowledge		
	1 1 2	MANNES A K	oll		11/12	19.010	TRUSTE	E		
ا د	Signa	ture of officer or trustee			Date	<del>/</del>	Title	· <del>-</del>		
<u>=</u>							<u> </u>	Preparer's iden	ifying	-
<u> </u>		December 1		1	•	Date	Check if	number (see Si	gnature	on
Sign Here	ર્ટૂ ≥	Preparer's signature		( ale )	2010	1 000	self-employed	page 30 of the		
ō	ig & &	signature F CARLA	BASSLER	weeks 6	use_		30/10	P0025	8325	<u> </u>
-	Paid Preparer's Use Only	Firm's name (or yours if		J.K. BASS		A, PC				_
	ا د يه	self-employed), address,	801 W.			STE 202	· · · · · · · · · · · · · · · · · · ·	EIN ▶ 92-014		
		and ZIP code	ANCHO	RAGE, AK	99503			Phone no 907-27	72-2	041

50274 Frances & David Rose Foundation 91-1790629 FYE: 12/31/2009

# **Federal Statements**

6/30/2010

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	·	\$		Charitable Purpose	₩		φ.
Adjusted Net	w	w O	benses	Adjusted Net	₩		\$
Net Investment	w.	٠	2 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	₩		\$
Total	\$ 950	\$ 950	Statement 2 - Form 990-PF, F	Total	ጭ	25	\$ 25
Description	RAYMOND J. ELLIS, CPA, PC	TOTAL	571	Description		EXPENSES BANK CHARGES	TOTAL

50274 Frances & David Rose Foundation 91-1790629 **Fed** 

FYE: 12/31/2009

### **Federal Statements**

### Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
	_	Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
FIRST NAT'L BANK OF ANCHORAGE						
NORTHRIM BANK	\$	72,335	\$ 72,335	COST	\$	382,950
NORTHRIM BANK		36,643	36,643	COST		120,962
ISHARES TR MSCI EAFE INDEX FD						
MISCELLANEOUS SECURITIES		167,786	167,786	COST		149,256
MISCELLANEOUS SECONTILES		166,034	166,034	COST		87,421
VANGUARD FIXED INCOME FUND			0.1.0 0.0.0	~~~		
	_		 219,287	COST	_	228,598
TOTAL	\$_	442,798	\$ 662,085		\$_	969,187

### Statement 4 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Faır Market Value
APU BOND 5.750%							
	\$_	115,000	\$_	55,000	COST	\$_	55,000
TOTAL	\$_	115,000	\$_	55.000		\$_	55,000

### Statement 5 - Form 990-PF, Part II, Line 15 - Other Assets

Description	_	Beginning of Year	 End of Year	_	Fair Market Value
ESTIMATED FEDERAL INCOME TAX ROUNDING	\$	2,758	\$ 1,745 2	\$	1,745 2
TOTAL	\$_	2,760	\$ 1,747	\$_	1,747

### Statement 6 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
2008 INCOME TAXES	\$ 1,013
TOTAL	\$ 1,013

50274 Frances & David Rose Foundation 91-1790629 Federal Statements

6/30/2010

FYE: 12/31/2009

### Statement 7 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description

NOT REQUIRED UNDER ALASKA STATUTES.

50274 Frances & David Rose Foundation 6/30/2010 **Federal Statements** 91-1790629 FYE: 12/31/2009 Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000 Amount Name of Manager N/A TOTAL Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock Amount Name of Manager N/A TOTAL Statement 8 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents Description LETTER FORMAT, HISTORY OF ORGANIZATION AND PURPOSE OF GRANT. Form 990-PF, Part XV, Line 2c - Submission Deadlines Description NONE Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE



THE FRANCES DAVID ROSE FOUNDATION ATTN FRANCES H ROSE	NUNDATION S H ROSE			٠				Accou Accou Date	Account Number Account Type Date	_	707/07488 Corporation Account May 24, 2010
					Year 2009						
Quantity	Symbol	Description	Open Date	Close Date	Cost Basis	Closed Amt	Real Lng	Real Sht	% G/L	Unit Cost	Real Sht % G/L Unit Cost Close Price
00009		ANCHRG 5.75 090110 RSTKD	10/03/05	10/03/05 09/11/09	000'09	000'09				10,000.0000	FRDP
Totals					(\$0,000	60,000		•			
Lon	Long Term Cost Basis	000'09	Long 1	Long Term Closed Amt	3d Amt	60,000	Long T	Long Term G/L		0	
Sho	Short Term Cost Basis	0	Short 1	Short Term Closed Amt	≥d Amt	0	Short T	Short Term G/L		0	
<u> </u>	Total Cost Basis	000'09	<b> </b>	Total Closed Amit	A Amit	60,000		Total G/L		0	

All Records

Page 1 of 1

	Federal Statements
50274 Frances & David Rose Foundation	91-1790629

6/30/2010

FYE: 12/31/2009 91-1790629

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name	Address			
Address	Relationship	Status	Purpose	Amount
ANCHORAGE SYMPHONY ORCHES	400 D STREET	PUBLIC	NO RESTRICTIONS	1,500
LUBAVITCH JEWISH CTR	3317 FAIRBANKS STREET	· · · · ·		
ANCHORAGE AK 99503 AK JEWISH HISTORICAL MUSE	NONE 3317 FAIRBANKS STREET	PUBLIC T	NO RESTRICTIONS	1,000
ANCHORAGE AK 99503		PUBLIC	NO RESTRICTIONS	10,000
CYRANO'S THEATRE COMPANY	413 D STREET			
ANCHORAGE AK 99501	NONE	PUBLIC	NO RESTRICTIONS	1,000
	801 W. FIREWEED LANE			
ANCHORAGE AK 99503 ALASKA 700	NONE G731 O'RALLEV POAD	PUBLIC	NO RESTRICTIONS	3,000
ANCHORAGE AK 99507	NONE	PUBLIC	NO RESTRICTIONS	250
AK CTR FOR THE BLIND	3903 TAFT DRIVE			
ANCHORAGE AK 99517-3069	69 NONE	PUBLIC	NO RESTRICTIONS	1,000
ALASKA HUMANITIES FORUM	421 W. 1ST AVENUE ST	STE 300		
ANCHORAGE AK 99501	NONE	PUBLIC	NO RESTRICTIONS	1,500
UNIVERSITY OF ALASKA FOUN	3211 PROVIDENCE DRIVE	ш		
ANCHORAGE AK 99508	NONE	PUBLIC	NO RESTRICTIONS	2,000
AK NATIVE HERITAGE CTR	8800 HERITAGE CENTER	TER DRIV		
ANCHORAGE AK 99506	NONE	PUBLIC	NO RESTRICTIONS	200
QUEENS COLLEGE FOUNDATION 65-33 KISSENA BLVD.	65-33 KISSENA BLVD.			
QUEENS COUNTY NY 11385	5 NONE	PUBLIC	NO RESTRICTIONS	12,500
THE CHILDREN'S LUNCHBOX	3350 COMMERCIAL DR,	104-B		
ANCHORAGE AK 99501	NONE	PUBLIC	NO RESTRICTIONS	250
AK MOVING IMAGE PRESERVAT	3211			
~		PUBLIC	NO RESTRICTIONS	1,000
FRIENDS OF PETS, INC	4711 ELMORE ROAD			
ANCHORAGE AK 99507	NONE	PUBLIC	NO RESTRICTIONS	250
TOTAL				35,750

თ

# Form **8868**

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you a			· · · · · · · · · · · · · · · · · · ·
	re filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>× X</b>
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).	
	plete Part II unless you have already been granted an automatic 3-month extension on a previously filed		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needs		
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check this box and comp	lete	
Part I only			▶ 🔲
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extension of	•
Electronic	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension	of time to fi	le
	eturns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file For		
electronical	ly if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or	3870, group	1
returns, or a	a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2	(Part II) of	Form
8868. For n	ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & No	nprofits.	
Type or	Name of Exempt Organization	Employe	r Identification number
print File by the	Frances & David Rose Foundation	91-17	790629
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.		
filing your return See	900 W. 5th AVENUE 601		
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	ANCHORAGE AK 99501-2929		
	of return to be filed (file a separate application for each return):		Form 4720
Form			Form 5227
H			Form 6069
	990-EZ Form 990-T (trust other than above)		1 1 1 01111 0003
_	990-PF Form 1041-A		Form 8870
<b>-</b>	990-PF Form 1041-A		Form 8870
Telepho  If the or  If this is for the whol	oks are in the care of ► FRANCES H. ROSE  one No ► 907-272-7575  ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  e group, check this box  I if it is for part of the group, check this box  and		☐ Form 8870
Telepho  If the out  If the sist or the whole a list with the	oks are in the care of ► FRANCES H. ROSE  one No ► 907-272-7575  ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  e group, check this box  I if it is for part of the group, check this box  e names and EINs of all members the extension will cover.	•	☐ Form 8870
Telepho If the or If this is for the whole a list with the	oks are in the care of ► FRANCES H. ROSE  one No ► 907-272-7575  Ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  e group, check this box  le group, check this box  le names and EINs of all members the extension will cover.  est an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	d attach	☐ Form 8870 ▶ □
Telepho  Telepho  If the or  If this is for the whole a list with the until	oks are in the care of   FRANCES H. ROSE  The No   907-272-7575  FAX No.   ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  the group, check this box  If it is for part of the group, check this box  and enames and EINs of all members the extension will cover.  The est an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  08/15/10, to file the exempt organization return for the organization named above. The extension	d attach	☐ Form 8870
Telepho  Telepho  If the or  If this is for the whole a list with the until	oks are in the care of ► FRANCES H. ROSE  In the No ► 907-272-7575  In the United States, check this box  In a Group Return, enter the organization's four digit Group Exemption Number (GEN)  In the group, check this box  In the group, check this	d attach	☐ Form 8870
Telepho  Telepho  If the or  If this is for the whole a list with the until	oks are in the care of ► FRANCES H. ROSE  one No ► 907-272-7575  ganization does not have an office or place of business in the United States, check this box  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  e group, check this box  e names and EINs of all members the extension will cover.  est an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  08/15/10  to file the exempt organization return for the organization named above. The extension organization's return for.  calendar year 2009  or	d attach	☐ Form 8870
Telepho  Telepho  If the or  If this is for the whole a list with the until	oks are in the care of ► FRANCES H. ROSE  In the No ► 907-272-7575  In the United States, check this box  In a Group Return, enter the organization's four digit Group Exemption Number (GEN)  In the group, check this box  In the group, check this	d attach	☐ Form 8870
Telepho If the oo If this is for the whol a list with the until for the	oks are in the care of ► FRANCES H. ROSE  Internal Property of the property of the property of the extension will cover.  The property of the extension return for the organization of the extension of the organization named above. The extension of tax year beginning  The property of the property of the extension of the organization named above. The extension of the extension of the organization of the organization of the extension of the organization of the extension of the extension of the organization of the extension organization of the organization of the extension of the organization of the extension organization or the organization of the extension of the organization or the organization of the extension of the organization or the organization of the extension of the organization or the ore	d attach	▶ □
Telepho  Telepho  If the or  If this is for the whole a list with the orth  I request the control of the contro	oks are in the care of ► FRANCES H. ROSE  Internal Property of the property o	d attach	▶ □
Telepho  Telepho  If the or  If this is for the whole a list with the 1  I request the control of the whole a list with the 2  If this is a less a le	oks are in the care of ▶ FRANCES H. ROSE  The No ▶ 907-272-7575  Spanization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  See group, check this box  See names and EINs of all members the extension will cover.  Seest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15/10, to file the exempt organization return for the organization named above. The extension or tax year beginning  Stax year is for less than 12 months, check reason:  See Initial return  See Initial retur	d attach	▶ □
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