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Form 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

For ca	len	dar year 2011 or tax year beginning		, and ending		
Name	of	foundation			A Employer identification	number
RO	SI	E FOUNDATION			45-0583747	
Numb	er ar	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
36	8	5 W ORANGE GROVE RD #19	2		520-797-48	84
City o	r to	wn, state, and ZIP code			C If exemption application is p	ending, check here
TU	C	SON, AZ 85741				
G Ch	eck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		l <u>.</u>	
		Address change	Name change		Foreign organizations me 2. check here and attach co	mputation
H Ch	eck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation state	tus was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1)	(A), check here
l Fair	ma	rket value of all assets at end of year 👃 Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
•			ther (specify)		under section 507(b)(1)	(B), check here
▶ \$			mn (d) must be on cash l	basis.)		
Par	<u>t I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessanty equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	75,041.			
		Check ▶ if the foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments	2.	2	•	STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents		10.1		
	b	Net rental income or (loss)				
9	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0		
8		Net short-term capital gain				
	9	Income modifications				
1	0a	Gross sales less returns and allowances				
(B)		Less Cost of goods sold		,		
E		Gross profit or (loss)				
営1		Other income				
		Total. Add lines 1 through 11	75,043.	2	. 0.	
6 1	3	Compensation of officers, directors, trustees, etc	0.	0	. 0.	0.
~ ₁	4	Other employee salaries and wages				
MA\$	5	Pension plans, employee benefits				
~ § 1	6a	Legal fees				
Co.	b	Accounting fees				
T T	C	Other professional fees	الآيا			
Operating and Administrative Expens	7	Interest	AN MAY	1 0 2012		
₹ 1	8	Taxes				
- SE 1	9	Depreciation and depletion	OGD	en IIT		
<u>Ē</u> 2	0	Occupancy				
ĕ 2	1	Travel, conferences, and meetings				
E 2	2	Printing and publications				
<u> 6</u> 2		Other expenses				
E 2	4	Total operating and administrative				
8		expenses Add lines 13 through 23	0.	0	0.	
2		Contributions, gifts, grants paid	74,005.			74,005.
2		Total expenses and disbursements.		_		
		Add lines 24 and 25	74,005.	0	. 0.	74,005.
2	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	1,038.	_		ļ
		Net investment income (if negative, enter -0-)		2		
	C	Adjusted net Income (if negative, enter -0-)		<u> </u>	0.	<u> </u>

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	4,426.
2	Enter amount from Part I, line 27a	2	1,038.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	5,464.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,464.

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	ribe the kind(s) of property sold (e arehouse, or common stock, 200 s			(b) How acqui P - Purchas D - Donation	9 '7) Date acquired mo , day, yr)	(d) Date sold (mo , day, yr)
1a							
b NC	NE						
<u>c</u>		···					
<u>.d</u>				ļ <u>.</u>			
<u>e</u>				L.,			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	t or other basis xpense of sale		((h) Gain or (loss (e) plus (f) minus	
<u>a</u>			_				
<u>b</u>				;			
C							
<u>d</u>				-			
Complete and for seasts about			40/04/00				
Complete only for assets snowl	ng gain in column (h) and owned t	<u> </u>				ains (Col (h) gair i), but not less tha	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), If any			osses (from col	
<u>a</u>							
<u>b</u>			·				
<u>c</u>						·	
<u>d</u>							
<u>e</u>					-		
Capital gain net income or (net c	apital loss) { If gain, also en If (loss), enter	iter in Part I, line -0- in Part I, line	7 7	} 2		-	-·
Net short-term capital gain or (lo	ss) as defined in sections 1222(5)	and (6)					
If gain, also enter in Part I, line 8		. ,		}			
If (loss), enter -0- in Part I, line 8				<u> </u>			
Part V Qualification \				_	nt Inco	me	 -
For optional use by domestic prival	e foundations subject to the section	on 4940(a) tax on	net investment i	ncome)			
f section 4940(d)(2) applies, leave t	this part blank						
Was the foundation liable for the sec			•	riod?			Yes X No
f "Yes," the foundation does not qua	each column for each year, see ins						
(a)	(b)	structions before	making any entir				(d)
Base period years Calendar year (or tax year beginn	والمشتر كالمنام المعقورينام فالأ	distributions	Net value of no	(c) oncharitable-use	assets	Distri (col. (b) di	bution ratio vided by col. (c))
2010	ing in/	41,050.		5.	483.	(601 (6) 61	7.48677
2009		42,790.			155.		8.30067
2008		48,200.			048.		9.54833
2007		0.			0.		.00000
2006							
? Total of line 1, column (d)						2	25.33579
Average distribution ratio for the	5-year base period - divide the tot	al on line 2 by 5,	or by the numbe	r of years			
the foundation has been in existe		, .,	,	,		3	6.33394
	•						
Enter the net value of noncharita	ble-use assets for 2011 from Part	X, line 5				4	5,374
		•					
Multiply line 4 by line 3						5	34,039
•							
Enter 1% of net investment inco	me (1% of Part I, line 27b)					6	0
	·						
Add lines 5 and 6						7	34,039
B Enter qualifying distributions fro	m Part XII, line 4					8	74,005
If line 8 is equal to or greater tha	n line 7, check the box in Part VI, I	ine 1b, and comp	olete that part usi	ng a 1% tax rate			
See the Part VI instructions							
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Pa	rt VI Excise Tax Based on Investment Income (Section 4940	(a), 4940(b), 4	1940(e), or 4	948 -	- see i	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	ter "N/A" on line 1)					
	Date of ruling or determination letter (attach copy of letter if nece	essary-see instruct	ions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 19	6 }	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, co	ol (b) J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other	ners enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2		÷	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Otto	hers enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•		5	ļ			0.
6	Credits/Payments	1 1						
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a						
b	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
đ	Backup withholding erroneously withheld	6d						_
7	Total credits and payments Add lines 6a through 6d			7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-	>	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		, •	10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶		Refunded ►	11				
Pa	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it partic	ipate or intervene	ın			Yes	
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instructions	for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any m	atenals publish	ed or				
	distributed by the foundation in connection with the activities							
	Did the foundation file Form 1120-POL for this year?	-				10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		•					
	(1) On the foundation \blacktriangleright \$ O . (2) On foundation managers		0.	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax imposed on	foundation					
_	managers ▶\$0.							
	Has the foundation engaged in any activities that have not previously been reported to the IR	15?				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 in		of incorporation, (or		_		.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		-			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ري		N	/7	4a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?			14	/A	4b		7
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				-	5		X
c	If "Yes," attach the statement required by General Instruction T.	ib						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eff	iner						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory The property the country and the government?	directions that cor	mict with the state	e iaw			Х	
7	remain in the governing instrument?	-				6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?		•			7	Λ	
	If "Yes," complete Part II, col (c), and Part XV Enter the states to which the foundation reports or with which it is registered (see instruction	aa\ >						
oa	AZ	15) -						
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	tornou Concret /c=	decignote)					
Ŋ		torney deficial (01)	nesiAiiq(q)			0.	Х	
Ω	of each state as required by General Instruction G? If "No," attach explanation	otion 4049/i\/2\ or	1942/iVE\ for call	andar.		8b	Λ	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co		+542(J)(3) 101 Call	siludi		9	1	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedul	•	- d odder			10		X
<u> </u>	and barraging proporting apparential contributors applied the ray Acat. II Lest Stracy a schedul	ie risurių ureir names al	iu auuresses			1.0	L	

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	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))?	Tye	s X No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire	ectly,			
any voter registration drive?		. T	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	5?	Y6	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 purposes, or f	ior			
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 i				
section 53 4945 or in a current notice regarding disaster assistance (see instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	•		▶ []	-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		Ined			
expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494		./ 21 16			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. 🔻		
a personal benefit contract?		Y6	es X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.				[
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y€	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly	<i>!</i>		
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their					
List all officers, directors, trustees, foundation managers and their	T	(c) Compensation	(d) Contributions to	1 435	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	accou	xpense nt, other
	to position	enter -0-)	compensation	allov	vances
CATHERINE M. KINGHORN	BOARD MEMBER				
3686 WEST ORANGE GROVE ROAD, #192			_		
TUCSON, 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					
PUCSON, AZ 85741	1.00	0.	0.		0.
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 hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation		vances
NONE					
	1				
				l	
	1				
				1	
	1				
Total number of other employees paid over \$50,000			<u> </u>	I	
part of other omproject paid over 400,000				990-PF	
			FUIII	JJU-F	(2011)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	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	0.
	Average of monthly cash balances	1b	5,456.
	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	5,456.
	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	5,456.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	82.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	82. 5,374.
6	Minimum investment return. Enter 5% of line 5	6	269.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	269.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	269.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	269.
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 XIII, line 1	7	269.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		54 005
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	74,005.
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 charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	······
þ	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	74,005.
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	5	74,005.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,005.
	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

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Part XIII Undistributed Income (see instructions)

ROSE FOUNDATION

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI.	00.000	10010 prior to 2010	2010	2011
line 7				269.
2 Undistributed income, if any, as of the end of 2011			······································	
a Enter amount for 2010 only			0.	
b Total for prior years				······································
		0.		
3 Excess distributions carryover, if any, to 2011	· · · · · · · · · · · · · · · · · · ·		***	**************************************
a From 2006				
b From 2007				
c From 2008 47,948.				
d From 2009 42,532.				
e From 2010 40,776.				
f Total of lines 3a through e	131,256.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 74,005.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		·		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				269.
e Remaining amount distributed out of corpus	73,736.			, , , , , , , , , , , , , , , , , , , ,
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	204,992.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	***************************************			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	***	0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	204,992.	·····		
10 Analysis of line 9				
a Excess from 2007	1			
b Excess from 2008 47,948.				
c Excess from 2009 42,532.	1			
d Excess from 2010 40,776.				
e Excess from 2011 73,736.				

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

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SAINT ELISABETH ANN SETON CATHOLIC	NONE	сниксн	SUPPORT	
CHURCH				
8650 N. SHANNON ROAD				
TUCSON, AZ 85742				2,055.
TESOL 700 SOUTH WASHINGTON STREET, SUITE 200	NONE	501(C)(3)	SUPPORT	
ALEXANDRIA, VA 22314				1,500.
,				•
SOCIETY OF THE LITTLE FLOWER	NONE	501(C)(3)	SUPPORT	
1313 FRONTAGE ROAD		501(0)(3)	Johnson	
DARIEN, IL 60561				60,000.
ST MELANY BYZANTINE CATHOLIC CHURCH	NONE	501(C)(3)	SUPPORT	
1212 N SAHUARA AVE				
TUCSON, AZ 85712				9,200.
YMCA OF SOUTHERN ARIZONA	NONE	501(C)(3)	SUPPORT	
PO BOX 1111 TUCSON, AZ 85702				1,250,
Total			▶ 3a	74,005.
b Approved for future payment				
NONE				
	-			
Total			▶ 3b	0

Part XVI-A	Analysi	s of Income	e-Producing	Activities

	- Itnrelated	t business income	Evalu	ded by section 512 512 or 514	
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt function income
1 Program service revenue	code	Aillouilt	code	Amount	turiction income
a					-
b					
<u> </u>			 		
d	l .		 - 		
e					
g Fees and contracts from government age			1		
		····			
3 Interest on savings and temporary cash			14	2.	
Investments 4 Dividends and interest from securities	-		14	۷.	
					 ,
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal			+		
· · ·					
property 7 Other investment income				<u> </u>	
7 Other investment income 8 Gain or (loss) from sales of assets other		···- · · · · · · · · · · · · · · · · ·	+		
than inventory					
9 Net income or (loss) from special events	· · · · · · · · · · · · · · · · · · ·		+		
O Gross profit or (loss) from sales of inventory					
1 Other revenue.					
_					
b					
C	l I				
d	1				
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		2.	0
3 Total. Add line 12, columns (b), (d), and (e)	<u></u>			13	2
See worksheet in line 13 instructions to verify o	alculations)				
Part XVI-B Relationship of A	ctivities to the Acco	mplishment of E	xemp	t Purposes	
Line No. Explain below how each activity					molishment of
the foundation's exempt purpos			ri contin	rated importantly to the accor	inprovincing of
	· · · · · · · · · · · · · · · · · · ·				
					 .

123621 12-02-11

1 Did the organization directify or indirectify engage in any of the following with any other organization described in section 501(c) of the Gode (other than section 501(c)) organizations or in section 527 relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets 19(2) X (2) Othe	F GFL AFII	Exempt Organ		siers 10 a	inu Transactio	ns an	u Relations	nips with Non	cnantable	,	
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b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remburscend examined of services or membership or fundrasing solicitations (6) Loans or loan guarantees (16) Performance of services or membership or fundrasing solicitations (16) Performance of services or membership or fundrasing solicitations (16) Performance of services or membership or fundrasing solicitations (16) Performance of services or membership or fundrasing solicitations (16) Performance of services or membership or fundrasing solicitations (16) Performance of services or removes given by the reporting foundation the following schedule Column (b) should always show the fair market value of the goods, other assets, or spatial exempts organization (16) Description of sharing arrangement, show in column (b) Have value of the goods, other assets, or services received (c) Harne of (c) Harne of noncharitable exempt organization (d) Description of twention, transaction, and sharing arrangements (c) Harne or (d) Amount involved (c) Harne of noncharitable exempt organization (d) Description of relationship. 22 Is the tourdation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations discribed in section 501(c)(3)) or in section 527? 23 Is the tourdation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 24 Is the tourdation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3)) or in section 527? 25 Is the tourdation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in the section 501(c)(3)) or in section 527? 25 Is the tourdation directly or indirectly affiliated with, or related to, one or more tax-exempt organization	(2) Othe	r assets						•			
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(6) Performance of services or membership or fundrassing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is 7'es*, complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services general to the value of the goods, other assets, or services general to the value of the goods, other assets, or services general to the value of the goods, other assets, or services general to the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the value of the goods, other assets, or services generally the goods of the services generally the value of the goods of the goods, other assets, or services generally the value of the goods of	(4) Rein	nbursement arrangements	-					-	1b(4)		X
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or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets. In service or services received. (a) Amount involved (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of bransters, transactions, and sharing arrangements	•		•		• •						X
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N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			·				T				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ If Yes, complete the following schedule (a) Name of organization N/A Writer penalties of perpury, 1 decian that I have examined the return, including accompanying schedules and statements, and to the best of my schedules and statements, and to the best of my schedules and statements, and to the best of my schedules and statements, and to the best of my schedules and statements any thousedops. Sign Here Signature of officer or trustee Date Title Date Signature of officer or trustee Date Signature of officer or trustee Date Signature Date Signature Signature Date Signature Signature	(a) Line no	(b) Amount involved	(c) Name of		exempt organization		(d) Descriptio	n of transfers, transaction	s, and sharing ar	rangeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes				N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes											
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes		-									
b if Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties Aperjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fryl, correctly and corpolete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Date	2a Is the fou	indation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt	organiza	tions described				
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N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is furly, correct and corplete of ctaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Signature of officer or trustee Date Title	b If "Yes," c	<u>-</u>									
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is five, correct and corplete Dictaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr)? Signature of officer or trustee Date Title	·		anization		(b) Type of organization	ation		(c) Description of rel	ationship		
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Sign Here Signature of officer or trustee Date Title											
Sign Here Signature of officer or trustee Date Title	Linde	r penalties of penury. I declare	that I have examined thi	s return uncludur	ig accompanying schedul	les and st	atements and to the	e best of my knowledge			
Here Signature of officer or trustee Print/Type preparer's name Preparer's signature TARIQ A. KHAN Preparer Use Only Firm's address ▶ 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712 PRES. Title Shown below (see instr)? X Yes No Date Check for self- employed PO0213826 Firm's EIN ▶ 86-0550947 Phone no (520) 881-4900	and h								return with th	e prepai	er
Paid Print/Type preparer's name Preparer's signature TARIQ A. KHAN Preparer Use Only Firm's address ▶ 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712 Paid Title Check ☐ ff PTIN self- employed PO0213826 Firm's EIN ▶ 86-0550947 Phone no (520) 881-4900		(Att kusi	NO /	//	15-7-2	2012	PRES		shown below	(see ins	tr)?
Print/Type preparer's name Preparer's signature Date TARIQ A. KHAN Preparer Use Only Firm's address ▶ 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712 Polate Check from PTIN self- employed Polo213826 Prim's EIN ▶ 86-0550947 Phone no (520) 881-4900		nature of officer or trustee						•	- LA Tes	L	J NO
Paid Preparer Use Only TARIQ A. KHAN				Preparer's s		1		Check ff	PTIN		
Paid Preparer Use Only Firm's address ► 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712 P00213826 Proparer CA STILL CAMP LOWELL STE. 100 Phone no (520) 881-4900		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		┡)	•			. – 1	-		
Preparer Use Only Firm's name ▶ R & A CPAS A PROPESSIONAL CORPORATION Firm's EIN ▶ 86-0550947 Firm's address ▶ 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712 Phone no (520) 881-4900	Paid	TARIO A. K	HAN	June 1	a. Khau C	(A	2/1/12	· '	P00213	826	
Use Only	Preparer						RATION	Firm's EIN ► 86			
Firm's address ► 4542 E. CAMP LOWELL STE. 100 TUCSON, AZ 85712 Phone no (520) 881-4900				-							
	•		42 E. CAM	IP LOWE	LL STE. 1	00			.		
		TU	CSON, AZ	857 ₁₂				Phone no (5	520) 88	1-4	900
									Form 990	PF	2011)

Schedule B or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

▶ \$

Employer identification number ROSE FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

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

religious, charitable, etc., contributions of \$5,000 or more during the year.

contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization Employer identification number ROSE FOUNDATION 45-0583747

Part I Contribu	tors (see instructions). Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSE MANAGEMENT GROUP 3686 WEST ORANGE GROVE ROAD, SUITE 192 TUCSON, AZ 85741	\$ 75,041.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

ROSE FOUNDATION

45-0583747

art II	Noncash Property (see Instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

t III	OUNDATION Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th	ie following line entry. For organizations co	omoletino Part III. enter			
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	, contributions of \$1,000 or less for the y	ear (Enter this information once.) > \$			
lo.		al space is needed.				
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ -						
-		(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
- N-						
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ -			-			
-						
		(a) Transfer of gift				
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee			
-	Transferee's name, address, ar	-	Relationship of transferor to transferee			
-	Transferee's name, address, ar	-	Relationship of transferor to transferee			
om	Transferee's name, address, ar	-	Relationship of transferor to transferee (d) Description of how gift is held			
om		nd ZIP + 4				
rom		nd ZIP + 4				
rom		(c) Use of gift (e) Transfer of gift				
) No. rom art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
rom art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
rom	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee			
No.	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee			
No.	(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee			

FORM 990-PF	INTEREST	ON SA	VINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE						AMOUNT			
CHASE BANK I	NTEREST								2.
TOTAL TO FOR	M 990-PF,	PART	I, LI	NE 3,	COLUMN A				2.