

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

For	calend	ar year 2013 or tax year beginning , a	and ending				
Nar	ne of four	ndation			A Emple	oyer identification number	
_	<b></b>	ana 4 nilian naan marmanan				1700600	
		CES & DAVID ROSE FOUNDATION		<del></del>		-1790629	
		street (or PO box number if mail is not delivered to street address)  7. 5TH AVENUE		oom/suite		hone number (see instructions) 7-272-7575	
		state or province, country, and ZIP or foreign postal code		, O I	30	1-212 1313	
-		ORAGE AK 99501-2	929		C If exe	mption application is pending, i	check here
			n of a former public cha	antv	D 1. Fo	oreign organizations, check her	• •
•	nicok u	Final return Amended	•	,		preign organizations meeting th	_
		Address change Name cha			1	6% test, check here and attach	
					·		
		ype of organization X Section 501(c)(3) exempt private			1 .	ate foundation status was term n 507(b)(1)(A), check here	inated under
			e private foundation  Cash X Acc		1		
		ket value of all assets at  J Accounting method	Cash X Acc	iuai	1	foundation is in a 60-month ter section 507(b)(1)(B), check he	_ 1 1
	•	ear (from Part II, col (c), Other (specify)	<b>b</b> \			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	e 16) I			l	Ļ	<del></del>	(d) Disbursements
Pi	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))	books	inco	nie	dicome	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	78		78		
	4	Dividends and interest from securities	33,223		33,223		
	5a	Gross rents					
Ф	b	Net rental income or (loss)		<u> </u>			
ב	6a	Net gain or (loss) from sale of assets not on line 10	5,427				
Revenue	b	Gross sales price for all assets on line 6a 5 , 427					
8	7	Capital gain net income (from Part IV, line 2)			5,427		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances		ļ			
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)		ļ			<u> </u>
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	38,728		38,728	0	
Š	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salaries and wages	<del></del>	<del> </del>			
ĕ	15	Pension plans, employee benefits	<u> </u>				
- 4	16a	Legal fees (attach schedule)  Accounting fees (attach schedule)  STMT 1	1,000		96	aen rea	
ē	b	,	1,000	<del>   </del>		CENED	
美	17	Other professional fees (attach schedule)		1			
ž	17	Taxes (attach schedule) (see instructions) STMT 2	400	1 16	∰ AU	G 1 2 2014 9	
ڲٛڎ	18 19	Depreciation (attach schedule) and depletion			<b>4</b>		
<b>F</b>	20	Occupancy	··	1	06	ARM, UT	
₽¥	21	Travel, conferences, and meetings		1			*
<u></u>	22	Printing and publications					
	23	Other expenses (att sch ) STMT 3	687			-	
ΣΈ,	24	Total operating and administrative expenses.					
ā		Add lines 13 through 23	2,087		0	0	
HB.	25	Contributions, gifts, grants paid SEE STATEMENT 4	62,800	***************************************			62,800
<b>≝</b> 0	26	Total expenses and disbursements. Add lines 24 and 25	64,887		0	0	62,800
SCANNED AND Administrative Ex	27	Subtract line 26 from line 12		I			1
Ă	а	Excess of revenue over expenses and disbursements	-26,159				
$\sim$	b	Net investment income (if negative, enter -0-)		1	38,728		
. ,	c	Adjusted net income (if negative, enter -0-)		<b>!</b>		0	·

Fo	orm 990	-PF (2013) FRANCES & DAVID ROSE FOUNDATION	91-1790629	€	Page 2
			Beginning of year	End of	
_	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	182,831	141,056	141,056
	3	Accounts receivable ▶		#	
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		-	
	1	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	{	disqualified persons (attach schedule) (see			
		instructions)			<u> </u>
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
Ś	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			
	ь	Investments – corporate stock (attach schedule) SEE STMT 5	697,210	712,627	1,218,259
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch )			
	15	Other assets (describe SEE STATEMENT 6 )	1,144	565	· · · · · · · · · · · · · · · · · · ·
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	881,185	854,248	1,359,315
_	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe ► )			
	23	Total liabilities (add lines 17 through 22)	0	0	
_	_==	Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
lar	25	Temporarily restricted			
ã	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	·		
교		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	881,185	854,248	
Ť	30	Total net assets or fund balances (see instructions)	881,185	854,248	
ž	31	Total liabilities and net assets/fund balances (see		~	
	••	instructions)	881,185	854,248	
_	Part I	N 11 " " " " " " " " " " " " " " " " " "			
_		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	agree with		
•		of-year figure reported on prior year's return)	•	1	881,185
2		amount from Part I, line 27a		2	-26,159
		r increases not included in line 2 (itemize) ▶		3	
		ines 1, 2, and 3		4	855,026
		eases not included in line 2 (itemize) SEE STATEMENT 7		5	778
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b),	line 30	6	854,248
_`		the state of the s			Form 990-PF (2013

91-1790629

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income					
(a) List and desc 2-story bnck wa	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P – Purchase D – Donation		te acquired , day, yr )	(d) Date sold (mo , day, yr )
1a CAPITAL GAIN DI	STRIBUTION						
b							· · · · · · · · · · · · · · · · · · ·
<u>c</u>							
	<del></del>		-			<del>.</del> .	
<u>e</u>				-	-	(h) Cara	
(e) Gross sales price	(f) Depreciation allowed (or ellowable)	, , ,		other basis se of sale		(h) Gain (e) plus (f)	minus (g)
<u>a</u> 5,427		<u> </u>				<del></del>	5,427
b	<del></del>						
<u>c</u>							<del> </del>
<u>d</u>		<del> </del>		<del></del>			<del></del> -
Complete only for assets showing	gain in column (h) and owned by the fou	ndation on 12/31	/69				(16)
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k)	Excess	of col (1) (j), if any		(I) Gains (Col col (k), but not Losses (fro	
а	<del></del>		•				5,427
b							
С							
d							
_e					<del></del>		
2 Capital gain net income or (net ca	If gain, also enter in If (loss), enter -0- in				2		5,427
, ,	s) as defined in sections 1222(5) and (6) column (c) (see instructions). If (loss), en	_	- l				
Part I, line 8			<u> </u>		3		·
Part V Qualification Ur	nder Section 4940(e) for Reduc	ed Tax on N	et In	vestment Incon	ne		
If section 4940(d)(2) applies, leave this Was the foundation liable for the section	foundations subject to the section 4940(a s part blank on 4942 tax on the distributable amount of fy under section 4940(e) Do not complete	of any year in the					Yes X No
	ach column for each year, see the instruc		king a	ny entries			
(a)	(b)	T		(c)			(d)
Base penod years Calendar year (or tax year beginning in)	Advicted qualifying distributions	Ne	et value	of nonchantable-use assets			nbution ratio divided by col (c))
2012		,300		1,176,5	581		0.041901
2011		,073		1,192,			0.044497
2010		,500		1,046,6			0.039650
2009		750		850,8			0.042014 0.048827
2008	48	,700	-	997,3	93	<u> </u>	0.048827
2 Total of line 1, column (d)						2	0.216889
_	5-year base period – divide the total on lin as been in existence if less than 5 years	e 2 by 5, or by th	ie			3	0.043378
4 Enter the net value of nonchantab	ole-use assets for 2013 from Part X, line 5	5				4	1,272,922
5 Multiply line 4 by line 3						5	55,217
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	387
7 Add lines 5 and 6						7	55,604
8 Enter qualifying distributions from	Part XII line 4					8	62,800
	i line 7, check the box in Part VI, line 1b, a	and complete tha	it part	using a 1% tax rate			

	990-PF (2013) FRANCES & DAVID ROSE FOUNDATION 91-1/90629			P	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
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				<u> 387</u>
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				387
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		····		387
6	Credits/Payments				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 565				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d				565
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				178
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 178 Refunded ▶ 11				
	nt VII-A Statements Regarding Activities				
1a				Yes	No
	participate or intervene in any political campaign?	İ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	l		-	
-	Instructions for the definition)?		1ь		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
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			.,	
<b>-</b>	(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			j	
·	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Ī	2	1	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	İ	3	1	x
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ŀ	4a		×
4a b		I/A	4b		
	•	' <b>'</b>	5		<u>x</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T		- 3	-	43
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
6	By language in the governing instrument, or			1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	ŀ	ا ۽	x	
_	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	ŀ	7		<del></del>
8a	Enter the states to which the foundation reports or with which it is registered (see 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	ŀ	٠. ا	1	v
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STMT 8	ļ	8b		<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ŀ	1	1	
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"		ا ہ		v
	complete Part XIV	}	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				77
	names and addresses		10		<u> </u>

		VID ROSE FOUNDATIO		190029			Ра	ge o
Pε	art VII-B Statements Regardi	ng Activities for Which Form	n 4720 May Be R	equired (conti	nued)		<u>_</u>	
5a	• ,	•			=		I	
	(1) Carry on propaganda, or otherwise att			\ <b>_</b> \	res 🗓 No		1	
	(2) Influence the outcome of any specific	public election (see section 4955), or	to carry on,		<b></b>		I	
	directly or indirectly, any voter registra			<b>=</b>	res X No		I	
	(3) Provide a grant to an individual for trav	/el, study, or other similar purposes?		∐ \	res 🗓 No		1	
	(4) Provide a grant to an organization other	er than a charitable, etc , organization	described in		<b>.</b>		I	
	section 509(a)(1), (2), or (3), or section	n 4940(d)(2)? (see instructions)		<u> </u>	res 🗓 No		I	
	(5) Provide for any purpose other than rel	•	r educational				1	
	purposes, or for the prevention of crue	•			res 🔀 No		1	
b	If any answer is "Yes" to 5a(1)–(5), did any			cribed in	37/3		ŧ	
	Regulations section 53 4945 or in a current				N/A	5b	$-\downarrow$	—
	Organizations relying on a current notice re				▶ 📋		I	
С	If the answer is "Yes" to question 5a(4), do	•	om the tax	N7/N 🗀 .			I	
	because it maintained expenditure respon-			N/A 📗	res 💹 No		ı	
	If "Yes," attach the statement required by I						1	
6a	Did the foundation, during the year, receive	e any tunds, directly or indirectly, to pa	ay premiums	┌ .	/ <b>V</b>		1	
	on a personal benefit contract?		manal benefit		∕es X No	6.	ŧ	x
þ	Did the foundation, during the year, pay pr	emiums, directly or indirectly, on a pe	rsonal benefit contract	•		6b		
_	If "Yes" to 6b, file Form 8870		lt t	г,	res X No	1	I	
	At any time during the tax year, was the fo			<del></del>	es X No N/A	7b	ŧ	
	If "Yes," did the foundation receive any pro	icers, Directors, Trustees, F						
Fä	art VIII Information About Off and Contractors	icers, Directors, Trustees, I	Outlidation Mana	gers, mgmy r	ald Employed	,,		
1 1	List all officers, directors, trustees, found	dation managers and their comper	sation (see instructi	ons).				—
<u> </u>		· · · · · · · · · · · · · · · · · · ·			(d) Contributions to			
	(a) Name and a	Idrass	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense acc	
	(a) Namo and a	101000	devoted to position	enter -0-)	plans and deferred compensation	other	r allowand	æs
ਸਾਸ	ANCES ROSE	ANCHORAGE	PRESIDENT					
	00 W. 5TH AVENUE STE 601	AK 99501	0.00	۰ ا	0			0
	VAN ROSE	ANCHORAGE	SECRETARY					<u> </u>
	00 W. 5TH AVENUE STE 601	AK 99501	0.00	۰ ا	0			0
								,
			İ					
2	Compensation of five highest-paid emp	oloyees (other than those included	on line 1 - see instr	uctions). If none,	enter	-		_
	"NONE."	·						
			(b) Title, and average		(d) Contributions to	_		
	(a) Name and address of each employee pa	nd more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense acci r allowand	
			devoted to position		compensation			
NC	ONE							
						<u> </u>		
						<u> </u>		
		<u> </u>				<u> </u>		
						<u> </u>		
				l	<u> </u>	<u> </u>		
ota	I number of other employees paid over \$50,	000		· .			<u></u>	0
					F	om 99	U-PF	(2013)

Form 9 <u>9</u> 6	0-PF (2013)	FRANCES & DAVID ROSE FOUNDATION	91-1790629	Page 7
Part '	VIII Ir	nformation About Officers, Directors, Trustees, Foundation	n Managers, Highly Paid En	nployees,
	a	nd Contractors (continued)	) If none enter "NONE "	<u>.</u>
3 Fiv		paid,independent contractors for professional services (see instructions		(c) Companyation
NONTE	<del>,                                     </del>	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<b>.</b>			
	<del> </del>			-
	_			
Total nu	mber of oth	ers receiving over \$50,000 for professional services		<u> </u>
Part	IX-A	Summary of Direct Charitable Activities		···
		largest direct chantable activities during the tax year. Include relevant statistical information such as the abeneficianes served, conferences convened, research papers produced, etc.	number of	Expenses
1 N	/A			
2				
3				
4	-			
7				
Part	IX-B	Summary of Program-Related Investments (see instructions	s)	
		program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N	/A			
	<u>.</u> .			<u> </u>
2				
				-
All other	program-relate	i investments. See instructions		
3	p. 09. a. 11-1 c. at 60	- modeline Coo management		
-				
Total A	dd lines 1 th	rough 3	<b>—</b>	

Form 990-PF (2013)

62,800

387 413

3a 3b

4

5

6

3

5

Amounts set aside for specific chantable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

10

Analysis of line 9 Excess from 2009 b Excess from 2010 Excess from 2011 Excess from 2012 Excess from 2013

<u>Pa</u>	rt XIV Private Operating Fou	<u>indations (see in</u>	structions and Par	t VII-A, question 9		
1a	If the foundation has received a ruling or d	letermination letter tha	t it is a private operating	9		
	foundation, and the ruling is effective for 2	013, enter the date of	the ruling	_		
b	Check box to indicate whether the foundation	tion is a private operat	ing foundation describe	d in section 4	942(J)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(0) 10001
	investment return from Part X for					
	each year listed					
ь	85% of line 2a					
C	Qualifying distributions from Part XII,					
-	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	-	<del></del>			<del></del>
e	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
3	• ' '					
_	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
þ	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed			<del> </del>		
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					
	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>	<u> </u>		
Pa	rt XV Supplementary Inform			he foundation ha	d \$5,000 or more	in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	_				
а	List any managers of the foundation who h				the foundation	
	before the close of any tax year (but only i	f they have contributed	I more than \$5,000) (S	ee section 507(d)(2))		
	N/A		·· -· · · ·			
b	List any managers of the foundation who		·		rtion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greater	nterest		
	N/A					
2	Information Regarding Contribution, G		•			
			•	e organizations and doe	•	
	unsolicited requests for funds. If the found		nts, etc (see instruction	is) to individuals or orga	inizations under	
	other conditions, complete items 2a, b, c,		<del></del>		·	
а	The name, address, and telephone number		the person to whom ap	phications should be ad	dressed	
	FRANCES H. ROSE 907-					
	900 W. 5TH AVENUE, ST					
	The form in which applications should be SEE STATEMENT 9	submitted and informa	tion and materials they	should include		
С	Any submission deadlines NONE					
	Any restrictions or limitations on awards, s	such as by geographic	al areas, charitable field	ls, kinds of institutions.	or other	<del></del>
-	factors	, gg,-p,				
	NONE					

Total			<b>▶</b> 3b	000 DE
7.1.1	<u> </u>	<u> </u>	<b>A</b> 24	
N/A				
<ul><li>b Approved for future payment</li><li>N/A</li></ul>				
Total		<del></del>	<b>▶</b> 3a	62,800
	<u></u>			
		}		
ļ				
`				
	•			
				02,800
				62,800
SEE STATEMENT 10				
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Ambunt
Recipient	if recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Part XV Supplementary Information (co	ntinued)			

enter gross am	ounts unless otherwise indicated  •	(a)	ed business income (b)	(c)	d by section 512, 513, or 514 (d)	(e) Related or exempt
	•	Business code	Amount	Exclusion code	Amount	function income (See instructions)
1 Program se						(See instructions )
		-				<del></del>
		_				
f		_				
g Fees a	nd contracts from government agencies		·			
2 Membershij	p dues and assessments					
	savings and temporary cash investments					78
	and interest from securities			ļ		33,223
	ncome or (loss) from real estate			ļ		
	nanced property					
	ot-financed property			<del> </del>		
	ncome or (loss) from personal property		•	<del>   </del>		
7 Other inves	tment income s) from sales of assets other than inventory		•			5,427
	or (loss) from special events	<del></del>				5,427
	or (loss) from sales of inventory					
	nue a					
		-				
				1		
						· · · · · · · · · · · · · · · · · · ·
е						
2 Subtotal Ac	dd columns (b), (d), and (e)			1		20 700
- 005.0.0.	ad Columns (b), (d), and (e)		0	11	0	38,728
	line 12, columns (b), (d), and (e)	L.,,		11	13	38,728
3 Total. Add I See worksheet	line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )			<u> </u>	13	
3 Total. Add I See worksheet Part XVI-B	line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations ) Relationship of Activities to the A		ent of Exempt Pu	rposes	13	
3 Total. Add I See worksheet	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No.	line 12, columns (b), (d), and (e) In line 13 instructions to verify calculations ) Relationship of Activities to the A	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728
3 Total. Add I See worksheet Part XVI-B Line No. ▼	Inne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	is reported in colu	ent of Exempt Pu	rposes	13  d importantly to the	38,728

orm 990	J-PF (201	3) FRANCES &	DAVID	KOSE FOR	MDATION	91-11	90029			Pag	<u>je 13</u>
Part :		Information Rega Exempt Organiza		nsfers To and	I Transaction	s and Relations	hips With	n Noncharitable			
1 Did	the orga	nization directly or indire	ectiv engage	in any of the follow	ving with any other	r organization describ	oed			Yes	No
ın :		11(c) of the Code (other									
	ansfers fro Cash	om the reporting founda	tion to a non-	charitable exempt	organization of				1a(1)		х
	Other as	cetc							1a(2)		X
٠.	her transa										
		assets to a noncharital	ble exempt o	rganization					1b(1)		<u> </u>
		es of assets from a nor			١				1b(2)		X
(3)	Rental	of facilities, equipment, o	or other asse	ts				ļ	1b(3)		<u> </u>
(4)	Reimbui	rsement arrangements						ļ	1b(4)		<u> </u>
(5)	Loans o	r loan guarantees							1b(5)		<u> </u>
(6)	Perform	ance of services or me	mbership or f	fundraising solicita	tions			ļ	1b(6)		<u> </u>
	_	acılıtıes, equipment, mai	-					į	1c		<u> </u>
		r to any of the above is									
		goods, other assets, or									
		transaction or sharing a									
	ine no	(b) Amount involved	(c) Nam	e of nonchantable exem	pt organization	(d) Description	n of transfers, tra	ansactions, and shanng arra	ngement	8	
I/A				<del></del>	<u></u>						
						<u> </u>					
				<del></del>			····				
	<del></del>										
			<u> </u>								
				*********							
							<del>.</del>				
		-		-		<del></del>					
		-									
				···-							
		† <del></del>				19882.	<del></del>	•			
		·									
								,			
de	scribed in	section 501(c) of the C	ode (other th					[	Ye	s <b>X</b>	No
D IT		nplete the following schi a) Name of organization	eaule	(b) Type of o	organization		(c) Descon	tion of relationship			
N/		a) Name of organization		(5) 1) po 51 (	, ga., i.z.		(0) 2 3 3 3 7				
,								·-····································			
	, <del>-</del>										
	Under per	nalties of perjury, I declare than nd complete Declaration of p	it I have examine	ed this return, including	accompanying sched	ules and statements, and to	the best of my	knowledge and belief, it is	rue,		
ign	00.700., u.	,	, ,	1			J	May the IRS discuss with the preparer s (see instructions)?	hown bel		¬ No
lere		Frances	AR	110	. 0	la land					
			10/0			1/00/7	TRUS	TEE			
	▼ Signa	ature of officer or trustee			Qafte	/	Title		<del></del>		
	Print/Ty	pe preparer's name		,	Preparer's signatur	9		Date		Check	r
aid	CART	A BACCTER	GA.	fre-	CARLA BAS	ST.ED		08/06		self-em <sub>l</sub>	ployed
repare	r l	A BASSLEK (())	J.K.	BASSLER,	CPA, PC	Jude		PTIN P00		325	
se Onl	y Firm's r	101110		WEED LANK		)2		Firm's EIN > 92~			
	rimsa		RAGE,		•	_		Phone no 907			

1 . 8/6/2014 12:21 PM 4 Charitable Charitable Charitable Purpose Purpose Purpose Date Statement 4 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants Adjusted Net Adjusted Net Adjusted Book Value Explanation Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 2 - Form 990-PF, Part I, Line 18 - Taxes Investment Investment Investment **Book Value Federal Statements** Net Net Amount 1,000 400 400 665 687 1,000 Explanation Total Total Total 50274 Frances & David Rose Foundation Noncash Description CARLA J. K. BASSLER, CPA, PC Description Description Description FOREIGN TAXES PAID FYE: 12/31/2013 DUES BANK FEES MISC. 11,800 TOTAL TOTAL 91-1790629 Amount EXPENSES

# 50274 Frances & David Rose Foundation 91-1790629 FYE: 12/31/2013

Federal Statements

nents	
Investr	
e Stock	
orporat	
10b - C	
II, Line	
F, Part	
1990-PI	
5 - Form	
tement	
Stat	

Description	ш	eginning of Year		End of Year	Basis of Valuation	ш.	Fair Market Value
FIRST NAT'L BANK OF ANCHORAGE	တ	72,335	<sub>የ</sub>	72,335	COST	<b>৽</b>	388,722
MICHAELS TRACI EAFE INDEX FD		167,786		167,786	COST		181,156
MISCELLANEOUS SECONIILES VANGUARD FIXED INCOME FUND INTEL CORPORATION		270,411		285,828	COST		293,831
TOTAL	ω   	697,210	ا <sub>ر</sub> ا	712,627		\ <sub>\^</sub>	1,218,259

8/6/2014 12:21 PM

50274 Frances & David Rose Foundation 91-1790629

Federal Statements

FYE: 12/31/2013

330-11,1 a	ILII, LIIIE IX	<u> - Otner</u>	<u> Assets</u>		
				Fair Ma Valu	
\$	1,143	\$	565	\$	
\$	1,144	\$	565	\$	0
90-PF, Part	III, Line 5 -	Other D	ecreases		
			Amount	_	
· <del></del> -		\$	778		
		\$	778	: =	
		ming with	TAttomey	<u>General</u>	
- Manager	s Who Cont	tributed	Over 2% or	\$5,000	
			Amount	-	
		\$ \$	0	-  -  -	
1b - Mana	gers Who C	)wn 10%	or More St	tock	
			Amount	_	
		\$	<u> </u>	-	
		\$	0	) =	
		Format	and Requir	ed Conter	nte .
<u>, Line 2b - A</u>	Application	Format	and Negun	<del>ca contor</del>	<u>113</u>
<u>′, Line 2b - /</u> า	Application	Format	<u>and Requir</u>	<u>ca contor</u>	<u>113</u>
	\$  90-PF, Part  rt VII-A, Lin Explana  Description S.  - Managers	\$\frac{1}{1,144}\$  90-PF, Part III, Line 5 -  rt VII-A, Line 8b - Not F  Explanation  Description  S.  - Managers Who Conf	s 1,143 \$ 1,144 \$ 90-PF, Part III, Line 5 - Other D  s s s s s s s s s s s s s s s s s s	S	S

502 <b>7</b> 4 Fra 91-179062 FYE: 12/31	9	ose Foundation Federal S	Statements	8/6/2014 12:21 PM
•	<u>Form</u>	990-PF, Part XV, Lin	e 2c - Submission Dead	<u>dlines</u>
		Description		
NONE				
	Form 990-	PF, Part XV, Line 2d -	Award Restrictions or	<u>Limitations</u>
		Description		
NONE				
	-			

>
靣
ш.
$\overline{}$
2
<u> </u>
N
~
4
_
0
Ø
$\tilde{\Omega}$
$\approx$
9/8

# 50274 Frances & David Rose Foundation 91-1790629

# Federal Statements

FYE: 12/31/2013

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name		Address			
Address	Rel	Relationship Status		Purpose	Amount
AK CTR FOR THE BLIND ANCHORAGE AK 99517-3069	NON	3903 TAFT DRIVE		RESTRICTIONS	000.1
AK DENTAL SOCIETY		9170 JEWEL LAKE RD.	:		) -
ANCHORAGE AK 99502	NONE	PUBLIC	N <sub>O</sub>	RESTRICTIONS	1,000
AK NATIVE HERITAGE CENTER		8800 HERITAGE CNTR. DR			
0,	NONE	PUBLIC	ON S	RESTRICTIONS	1,250
IES		STE	300		•
	NONE	ŗ	N N	RESTRICTIONS	2,000
ALASKA JEWISH MUSEUM ANCHODAGE AK 99508	MONE	LIL/ E 35TH AVE. PUBLIC	QN.	RESTRICTION	11 800
		3877 UNIVERSITY DR.	2		000
	NONE		ON	RESTRICTIONS	1,000
AMERICAN DIABETES ASS'N.		801 W. FIREWEED LANE			
ANCHORAGE AK 99503	NONE		ON	RESTRICTIONS	2,000
		625 C STREET			
ANCHORAGE AK 99501	NONE	PUBLIC	ON N	RESTRICTIONS	000'6
ANCHORAGE OPERA		400 D STREET STE, 200			
	NONE		NO NO	RESTRICTIONS	1,000
ANCHORAGE PERFORMING ARTS CTR		621 W 6TH AVE			
ANCHORAGE AK 99501	NONE	PUBLIC	ON	RESTRICTIONS	2,000
ANCHORAGE SYMPHONY		400 D STREET STE. 200			
ANCHORAGE AK 99501	NONE	PUBLI	ON	RESTRICTIONS	1,000
		4101 UNIVERSITY DR.			
ANCHORAGE AK 99508	NONE		ON	RESTRICTIONS	2,000
BEANS CAFE		PO BOX 100940			
ANCHORAGE AK 99508	NONE		ON	RESTRICTIONS	1,000
CHILDRENS LUNCHBOX		PO BOX 100940			
$\sim$	NONE	PUBLIC	ON N	RESTRICTIONS	1,000
CONGREGATION BETH SHOLOM		NORTHERN LIGHTS BLVD			
ANCHORAGE AK 99503	NONE	PUBLIC	ON	RESTRICTIONS	1,000
FOOD BANK OF ALASKA		2121 SPUR AVE.			
	NONE		ON N	RESTRICTIONS	1,000
GIRL SCOUTS OF USA		420 STH AVE			
NEW YORK NY 10018	NONE	PUBLIC	O N	RESTRICTIONS	1,500
					•

_
ā.
7
2.5
-
4
←
←
←
←

Federal Statements

50274 Frances & David Rose Foundation 91-1790629 FYE: 12/31/2013

d During the	
ontributions Pa	
3a - Grants and C	Ontinued)
F, Part XV, Line	Vear (c
10 - Form 990-PF, Pa	
Statement	

Name		Address	ress		
Address	Re	Relationship	Status	Purpose	Amount
GREATLAND TRUST		715 L STREET STE.	STE. 200		
ANCHORAGE AK 99501	NONE	PU	PUBLIC	NO RESTRICTIONS	1,000
INSTITUTE OF THE NORTH		1675 C STREET			
ANCHORAGE AK 99501	NONE	PU	PUBLIC	NO RESTRICTIONS	200
PERSEVERENCE THEATER		914 E. 3RD ST.	•		
DOUGLAS AK 99801	NONE	PU	PUBLIC	NO RESTRICTIONS	2,500
PROVIDENCE FOUNDATION		PO BOX 196604			
ANCHORAGE AK 99519	NONE	PU	PUBLC	NO RESTRICTIONS	200
READING IS FUNDAMENTAL		1255 23RD ST.			
WASHINGTON DC 20037	NONE	PU	PUBLIC	NO RESTRICTIONS	2,000
ROTARY FOUNDATION		1560 SHERMAN	AVENUE		
EVANSTON IL 60201-3698	NONE	PUBLIC	BLIC	NO RESTRICTIONS	3,000
SALESIAN BOYS AND GIRLS CLUB		680 FILBERT ST.	H.		
SAN FRANCISCO CA 94133	NONE	PU	PUBLIC	NO RESTRICTIONS	3,000
SALVATION ARMY		143 E 9TH AVE.	•		
ANCHORAGE AK 99501	NONE	PU	PUBLIC	NO RESTRICTIONS	250
SMITHSONIAN COUNCIL FOR ARCTIC STUD	STUD	MRC 135 PO BOX 3712	X 3712		
WASHINGTON DC 20013	NONE	PU	BLIC	NO RESTRICTIONS	2,500
THE ALASKA 200		4731 O'MALLEY RD	RD		
ANCHORAGE AK 99507	NONE	PUBLIC	BLIC	NO RESTRICTIONS	1,000
THE MICHAEL J FOX FOUNDATION		PO BOX 4777			
NEW YORK NY 10163	NONE	PU	PUBLIC	NO RESTRICTIONS	2,000
UAA FOUNDATION		3211 PROVIDENCE DR.	ICE DR.		
ANCHORAGE AK 99508	NONE	PU	PUBLIC	NO RESTRICTIONS	1,000
TOTAL					62,800

Form **8868** 

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete filing for an Additional (Not Automatic) 3-Month Extension Report II unless your base already been granted and	ension, com	nplete only Part II (on page 2		► X
	plete Part II unless you have already been granted an a ling (e-file). You can electronically file Form 8868 if you				
	required to file Form 990-T), or an additional (not auton			•	
•	est an extension of time to file any of the forms listed in I	=		•	
Return for Tra	ansfers Associated With Certain Personal Benefit Contri	acts, which r	nust be sent to the IRS in pap	er format (see	
instructions)	For more details on the electronic filing of this form, visi	t www irs go	v/efile and click on e-file for C	harities & Nonprofits	
Part I	Automatic 3-Month Extension of Time.		· · · · · · · · · · · · · · · · · · ·		
A corporation	required to file Form 990-T and requesting an automati	c 6-month e	xtension – check this box and	complete	. $\Box$
Part I only					▶ 📙
All other corpo	orations (including 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to reque	st an extension of time	
to file income	tax returns				
	<b>_</b>			Enter filer's identifying number, se	
Type or	Name of exempt organization or other filer, see instr	uctions		Employer identification number (EII)	N) or
print	FRANCES & DAVID ROSE FOUN	DATION	I	91-1790629	
File by the	Number, street, and room or suite no If a P O box,	see instruction	ons	Social security number (SSN)	
due date for	900 W. 5TH AVENUE		601		
filing your return See	City, town or post office, state, and ZIP code For a f	oreign addre	ess, see instructions		
instructions	ANCHORAGE AK	99501	-2929		· · · · · · · · · · · · · · · · · · ·
Enter the Retu	urn code for the return that this application is for (file a s	eparate app	lication for each return)		04
Application	n	Return	Application		Return
Is For		Code	ls For		Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-E	3L	02	Form 1041-A		08
Form 4720	(ındıvıdual)	03	Form 4720 (other than indi	vidual)	09
Form 990-F	PF	04	Form 5227		10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
	FRANCES H. ROSE				
	900 W. 5TH AVE.,STE 6	01		3× 00	-01 0000
<ul> <li>The books</li> </ul>	are in the care of ▶ ANCHORAGE			AR 99.	501-2029
Talaabaa	e No ▶ 907-272-7575	FAX No			
•					▶ □
	anization does not have an office or place of business in or a Group Return, enter the organ <u>iza</u> tion's four digit Gre			If this is	
	group, check this box			and attach	
	names and EINs of all members the extension is for	<b>3,</b>	, _	,	
	st an automatic 3-month (6 months for a corporation rec	ured to file	Form 990-T) extension of time	)	
•	08/15/14 , to file the exempt organization return				
for the	organization's return for				
► X	calendar year 2013 or				
_					
▶ [_]	tax year beginning , and ending				
_	x year entered in line 1 is for less than 12 months, chec Change in accounting period	k reason	Initial return Fi	nal return	
	pplication is for Forms 990-BL, 990-PF, 990-T, 4720, or	r 6069. enter	the tentative tax, less any		
	indable credits. See instructions	,		3a \$	C
	pplication is for Forms 990-PF, 990-T, 4720, or 6069, a	nter any refu	ndable credits and		
	ed tax payments made Include any prior year overpayr			3b \$	365
	e due. Subtract line 3b from line 3a Include your paym				
EFTPS	(Electronic Federal Tax Payment System) See instruc	tions		3c \$	
Caution. If you	are going to make an electronic funds withdrawal (direct debit)	with this Form	8868, see Form 8453-EO and Fo	rm 8879-EO for payment instructions	