

**Short Form
Return of Organization Exempt From Income Tax**

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C
AUBREY ROSE FOUNDATION
4480 OAKVILLE DR
CINCINNATI, OH 45211

D Employer identification number

91-2103451

E Telephone number

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.AUBREYROSE.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 468,685.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1		2		3		4		5a		5b		5c		6a		6b		6c		7a		7b		7c		8		9	
REVENUE	1	Contributions, gifts, grants, and similar amounts received						10,406.																							
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																													
	4	Investment income						45,446.																							
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract in 5b from ln 5a)																													
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																													
	6a	Gross revenue (not including \$ of contributions reported on line 1)				406,826.																									
	6b	Less: direct expenses other than fundraising expenses				360,050.																									
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																				46,776.										
7a	Gross sales of inventory, less returns and allowances				6,007.																										
7b	Less: cost of goods sold				73,636.																										
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																						-67,629.								
8	Other revenue (describe ▶)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																										34,999.				
EXPENSES	10	Grants and similar amounts paid (attach schedule)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																										2,935.			
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																										73.			
	16	Other expenses (describe ▶ See Statement 1)																										82,999.			
17	Total expenses. Add lines 10 through 16																										86,007.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										-51,008.				
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																										227,291.			
	20	Other changes in net assets or fund balances (attach explanation)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																										176,283.			

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	227,291.	22	122,321.	
23	Land and buildings		23		
24	Other assets (describe ▶ See Statement 2)		24	149,307.	
25	Total assets	227,291.	25	271,628.	
26	Total liabilities (describe ▶ See Statement 3)	0.	26	95,345.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	227,291.	27	176,283.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions.)	Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? See Statement 4	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NANCY HOLLENKAMP _____ _____	Trustee 40.00	0.	0.	0.
JERRY HOLLENKAMP _____ _____	Trustee 40.00	0.	0.	0.
ANTHONY BUFORD _____ _____	Trustee 1.00	0.	0.	0.
PAUL CASHEN _____ _____	Trustee 0	0.	0.	0.
NANCY MUSSER _____ _____	Trustee 1.00	0.	0.	0.
BOB SCHROEDER _____ _____	Trustee 1.00	0.	0.	0.
JENNIFER SCHWARTZ _____ _____	Trustee 1.00	0.	0.	0.
TOM STARR _____ _____	Trustee 1.00	0.	0.	0.
_____ _____ _____				
_____ _____ _____				
_____ _____ _____				
_____ _____ _____				
_____ _____ _____				

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 5

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9. N/A		
39b	Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ NANCY HOLLENKAMP Telephone no. ▶ _____
 Located at ▶ 4480 OAKVILLE DR CINCINNATI OH ZIP + 4 ▶ 45211

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If 'Yes,' enter the name of the foreign country: ... ▶ _____			
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If 'Yes,' enter the name of the foreign country: ... ▶ _____			

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part V Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000.

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Nancy A Hollenkamp Date: 6/23/10
 Type or print name and title: NANCY A. HOLLENKAMP, TRUSTEE

Paid Preparer's Use Only
 Preparer's signature: Alexander Alvarez Date: 6/21/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Business Management Services
1550 Magnolia Drive
Cincinnati, OH 45215 Preparer's Identifying Number (See instructions): N/A
 EIN: N/A Phone no.: (513) 531-1166

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..	28,454.	15,648.	27,293.	21,540.	10,406.	103,341.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose ..	275,175.	357,816.	308,993.	30,348.	46,776.	1,019,108.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ..						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge ..						0.
6 Total. Add lines 1 through 5 ..	303,629.	373,464.	336,286.	51,888.	57,182.	1,122,449.
7a Amounts included on lines 1, 2, 3 received from disqualified persons ..	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year ..	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b ..	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.) ..						1,122,449.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 ..	303,629.	373,464.	336,286.	51,888.	57,182.	1,122,449.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..	3,241.	7,331.	30,419.	-82,272.	45,446.	4,165.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ..						0.
c Add lines 10a and 10b ..	3,241.	7,331.	30,419.	-82,272.	45,446.	4,165.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ..						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV ..					-67,629.	-67,629.
13 Total support. (add lns 9, 10c, 11, and 12.) ..						1,058,985.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) ..	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 ..	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) ..	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 ..	18	%

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts	406,826.		406,826.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	406,826.		406,826.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	360,050.		360,050.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			360,050.
11	Net income summary. Combine lines 3, column (d) and line 10			46,776.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1	Gross revenue			
	2	Cash prizes			
DIRECT EXPENSES	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
DIRECT EXPENSES	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility.....
- b An outside facility.....

13a		%
13b		%

	YES	NO

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

15a	YES	NO

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

17a	YES	NO

AUBREY ROSE FOUNDATION

91-2103451

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

ADMIN EXPENSE.....	\$	65,849.
Advertising and Promotion.....		2,967.
Amortization.....		120.
AUTOMOBILE.....		710.
BANK CHARGES.....		8,928.
Depreciation.....		378.
FOOD FOR PROGRAM.....		421.
Insurance.....		20.
Office Expenses.....		3,016.
REPAIRS.....		490.
TAXES.....		100.
	Total \$	<u>82,999.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Furniture and Fixtures.....	\$ 0.	\$ 15,212.
Intangible Assets.....	0.	9,450.
Machinery and Equipment.....	0.	124,645.
	Total \$ 0.	\$ <u>149,307.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
AMEX- GOLD.....	\$ 0.	\$ 605.
AMEX GREEN REWARDS.....	0.	66.
BANK OF AMERICAN VISA.....	0.	36.
CREDIT CARDS-AMEX.....	0.	3,329.
CREDIT CARDS-BOA VISA.....	0.	8,145.
EQUIPMENT LOAN PAYABLE.....	0.	83,018.
SALES TAX PAYABLE.....	0.	146.
	Total \$ 0.	\$ <u>95,345.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

OUR MISSION IS TO HELP FAMILIES CARING FOR CHILDREN WITH LIFE THREATENING ILLNESS WITH OUR FOCUS BEING ON THE FAMILY UNITY. WE STRIVE TO LIFT FAMILIES FROM LIFE'S COMPLEXITIES DURING THIS DIFFICULT TIME BY PROVIDING EMOTIONAL AND FINANCIAL SUPPORT

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

AUBREY ROSE FOUNDATION

91-2103451

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179 Bonus/Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Amortization																
5	WEBSITE	10/01/09		9,570							9,570		S/L	MQ	10 .01250	120
Total Amortization																
Furniture and Fixtures																
3	COMPUTERS	10/01/09		9,301							9,301		200DB	MQ	10 .02500	233
4	PHONES	10/01/09		5,802							5,802		200DB	MQ	10 .02500	145
Total Furniture and Fixtures																
Total Depreciation																
Form 990/990-PF, COGS																
Furniture and Fixtures																
6	FURNITURE AND EQUIPMENT	10/01/09		500							500		200DB	MQ	10 .02500	13
Total Furniture and Fixtures																
Machinery and Equipment																
1	MAKAMI	12/31/09		30,045							30,045		200DB	MQ	10 .02500	0
2	TAJIMA	12/31/09		94,600							94,600		200DB	MQ	10 .02500	0
Total Machinery and Equipment																

Form 990/990-PF, COGS

Furniture and Fixtures

6 FURNITURE AND EQUIPMENT

Total Furniture and Fixtures

Machinery and Equipment

1 MAKAMI

2 TAJIMA

Total Machinery and Equipment

AUBREY ROSE FOUNDATION

91-2103451

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Total Depreciation			<u>125,145</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>125,145</u>	<u>0</u>				<u>13</u>
	Grand Total Amortization			9,570		0	0	0	0	0	9,570	0				120
	Grand Total Depreciation			<u>140,248</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>140,248</u>	<u>0</u>				<u>391</u>

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2009

For calendar year 2009 or other tax year beginning _____, 2009,
and ending _____, _____

▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (77)

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(c)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A		<input type="checkbox"/> 529(a)		<p>Print or Type</p>	<p>AUBREY ROSE FOUNDATION 4480 OAKVILLE DR CINCINNATI, OH 45211</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D.) 91-2103451</p> <p>E Unrelated business activity codes (See instructions for Block E.)</p>
<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 220(e)										
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)										
<input type="checkbox"/> 408A											
<input type="checkbox"/> 529(a)											

<p>C Book value of all assets at end of year 271,628.</p>	<p>F Group exemption number (See instructions for Block F.) ▶</p>	<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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H Describe the organization's primary unrelated business activity.
▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . Yes No
If 'Yes,' enter the name and identifying number of the parent corporation. . . ▶

J The books are in care of ▶ **NANCY HOLLENKAMP** Telephone number ▶

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales.			
b Less returns and allowances. c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c.	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts.	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) See Statement 1	12	45,446.	45,446.
13 Total. Combine lines 3 through 12.	13	45,446.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	45,446.
31 Net operating loss deduction (limited to the amount on line 30) See Statement 2	31	45,446.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34. 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 36
37 Proxy tax. See instructions. 37
38 Alternative minimum tax. 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see instructions) 40b	
c General business credit. Attach Form 3800. 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d. 40e 0.	
41 Subtract line 40e from line 39. 41 0.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 0.	
44a Payments: A 2008 overpayment credited to 2009. 44a	
b 2009 estimated tax payments. 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... 44f	
45 Total payments. Add lines 44a through 44f. 45 0.	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48	
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 49	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Enter the amount of tax-exempt interest received or accrued during the tax year $\$$ 0. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 1	6 Inventory at end of year. 6
2 Purchases 2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
3 Cost of labor 3	
4a Additional section 263A costs (attach schedule) 4a	
b Other costs (attach sch) 4b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 Total. Add lines 1 through 4b. 5	

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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Nancy A Hollenback Date: 6/23/10 Title: TRUSTEE
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: ALEXANDER ALVAREZ CPA MBA Date: 6/23/10 Check if self-employed: Preparer's SSN or PTIN: P00009660
 Firm's name (or yours if self-employed), address, and ZIP code: Business Management Services
1550 Magnolia Drive
Cincinnati, OH 45215 EIN: 31-1161207 Phone no.: (513) 531-1166

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8.

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, column (A).		Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, column (A).		Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Statement 1
Form 990-T, Part I, Line 12
Other Income

Other Investment Income.....	\$ 45,446.
Total	<u>\$ 45,446.</u>

Statement 2
Form 990-T, Part II, Line 31
Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
12/31/08	\$ 82,272.	\$ 0.	\$ 82,272.
Net Operating Loss Available.....			<u>\$ 82,272.</u>
Taxable Income.....			\$ 45,446.
Net Operating Loss Deduction (Limited to Taxable Income).....			<u>\$ 45,446.</u>

AUBREY ROSE FOUNDATION

91-2103451

Balance Sheet
Cash-non-interest-bearing

PNC	\$	27,213.
AUR GRP		1,391.
PNC-WRITELY SEW		2,781.
UNDEPOSITED FUNDS		21.
PNC-AUBREY ROSE		1,682.
	Total \$	<u>33,088.</u>