Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2011 cale	ndar year, or tax year beginning January 1 , 2011, and en	dina Decer	nber 31	, 20 11
			C Name of organization Rose Community Foundation			er identification number
_	Address		Doing Business As			84-0920862
	Name cl			n/suite	E Telepho	
\exists	Initial ret	•		Suite 1200	- голорио	303-398-7400
	Terminal			303-330-7400		
Π	Amende		City or town, state or country, and ZIP + 4 Denver, CO 80246		0 0	0.004.777
Ħ			F Name and address of principal officer:	1	G Gross re	
	Applicat	ion pending	Same as C above			for affiliates? Yes V No
	Toy over	mnt statue.				ncluded? Yes No
'	Website	mpt status:	<u> </u>			list. (see instructions)
					exemption	
	art [Summ		mation: 1995	M State	of legal domicile: CO
	1					
	'	briefly de	escribe the organization's mission or most significant activities: Ros	se Community I	oundatio	n and its principal
9		Supporti	ng organization, Rose Foundation, operate with complementary purpose	s: to sustain th	e health a	nd well-being of the
Activities & Governance			unty Greater Denver community through grantmaking programs, and to	expand private	philanthr	opy by offering
ē			to charitable donors.			
Š	2	Check th	is box $ ightharpoonup$ if the organization discontinued its operations or dispose	d of more thar	1 25% of	its net assets.
š	3		of voting members of the governing body (Part VI, line 1a)		3	17
es	4		of independent voting members of the governing body (Part VI, line 1	lb)	4	17
Ž			nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	33
ΑĊţ			nber of volunteers (estimate if necessary)		6	114
•			elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u>.</u>	7b	0
				Prior Ye	ear	Current Year
ō	8		tions and grants (Part VIII, line 1h)		3,837,627	4,576,934
Ę	9	Program	service revenue (Part VIII, line 2g)		255,541	275,016
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		584,138	850,572
ш	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,389	149,340
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,809,695	5,851,862
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	4	1,517,655	6,708,339
	14	Benefits (paid to or for members (Part IX, column (A), line 4)		0	0
Š.	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	,085,380	1,169,590
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		0	0
ĝ			draising expenses (Part IX, column (D), line 25) ▶ 684,208	3212777314459	NA SASA	27/ S015-06: 186-74-58/ 188-18
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		,237,826	1,101,343
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,840,861	8,979,272
			less expenses. Subtract line 18 from line 12		,031,166)	(3,127,410)
es of				Beginning of Cu		End of Year
Net Assets of Fund Balance	20	Total ass	ets (Part X, line 16)		3,569,592	59,107,481
t Ass	21	Total liab	ilities (Part X, line 26)		,602,188	33,802,826
운툰	22		s or fund balances. Subtract line 21 from line 20		,967,404	25,304,655
Pa	art II		ure Block		7	20,00-7,000
Une	der penal	ties of perjui	ry, I declare that I have examined this return, including accompanying schedules and st	atements and to t	he hest of n	ny knowledge, and bolief it is
true	e, correct	, and compl	ete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowl	edge,	ly knowledge and belief, it is
_			Anos. M. Farris		111:51	10
Sig	ın	Signa	ature of officer	Da	te ''- 	100
He	re		ANNE M. GARCIA			
		Туре	or print name and title			
			pe preparer's name Preparer's signature	Date	1	PTIN
Pai			L. VO	L. I	Check self-emp	# }
	epare:	J				FU13/34U8
U\$	e Onl	v -	ddress ► 475 Lincoln Street, Suite 200 Denver, CO 80203		n's EIN ▶	202 524 5252
Vlav	v the IR		s this return with the preparer shown above? (see instructions)	Pho	ne no.	303-534-5953
	, 41,0 111					· · 📝 Yes 🗌 No

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

	······································		· · · · · · · · · · · · · · · · · · ·			
	ı are filing for an Automatic 3-Month Extension, comple					► x
	are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted					
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6	months for a cor	poration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically fi	le Form 88	368 to request an	extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	Fransfers A	Associated With C	ertain
	al Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details o	on the elec	tronic filing of this	form,
	w.irs.gov/efile and click on e-file for Charities & Nonprofit.					
Part						
	oration required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and o	complete		
Part I o						▶ □
All othe	r corporations (including 1120-C filers), partnerships, REN come tax returns.	1ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or print	Name of exempt organization or other filer, see instru	ıctions.		Employer	identification nun	nber (EIN) or
p	Rose Community Foundation			x	04 0000000	
File by the		oo inetrus	tions		84-0920862	3.13
filing your	600 Couth Charmy Street No. 1000	oce manuc	tions.	Social se	curity number (SS	iN)
return, Se instruction	· · · · · · · · · · · · · · · · · · ·	oroign add	Irano, and instructions			
	Denver CO 80246	oreign add	ress, see instructions.			
	, Bonver, co ovago					
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)		•••••	0 1
Applica	ation	Return	Application			Return
is For		Code	Is For			
Form 9	90	01	Form 990-T (corporation)			Code 07
Form 9		02	Form 1041-A			
Form 9		01	Form 4720			08
Form 9		04	Form 5227			09
	90-T (sec. 401(a) or 408(a) trust)					10
	90-T (trust other than above)	05	Form 6069 Form 8870			11
1 0(11) 0.		06	FORTI 8670			12
• The	Anne Garcia books are in the care of $ ightharpoonup$ 600 South Cherry Stre	a.b. 37-	1000			
Tele	phone No. ► 303-398-7400	et No.				
	e organization does not have an office or place of busines	a in tha lir	FAX No. > 303-398-7430	• • • • •		
• If thi	s is for a Group Return, enter the organization a four digit	S III THE UT	med States, check this box			-
box 🕨	s is for a Group Return, enter the organization's four digit	Group Exe	emption number (GEN), [t this is foi	the whole group,	check this
	. If it is for part of the group, check this box	<u> and atta</u>	ICH a list with the names and EINS of	all memb	ers the extension	is for.
1	request an automatic 3-month (6 months for a corporation					
		ot organiza	tion return for the organization name	ed above.	The extension	
	for the organization's return for:					
	x calendar year 2011 or					
•	tax year beginning	, an	d ending		_ '	
0 16	Allea Announcement and the Marie Art. C. J. 11. 40. 11.					
2 lf [the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	onrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
b	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions,	3c	\$	0.
Caution	n. If you are going to make an electronic fund withdrawal	with this Fe	orm 8868, see Form 8453-EO and Fo	orm 8879-l	EO for payment in	

Form 886	8 (Rev. 1-2012)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check thi	s box					
Note. On	ly complete Part II if you have already been granted an a	automatic :	3-month extension on a previously f	iled Forn	າ 8868.				
If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I (on page 1).						
art II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origi	nal (no	copies i	needed).			
			Enter filer's	identify	ing numb	er, see instructions			
Type or	Name of exempt organization or other filer, see instru	ictions		Employ	er identific	cation number (EIN) or			
print						• •			
File by the	Rose Community Foundation			x	84-0920B62				
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s	ecurity nu	ımber (SSN)			
return. See	600 South Cherry Street, No. 1200								
instructions,	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.						
·	Denver, CO 80246								
_									
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
			T						
Applicati	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990		01	Naw 2						
Form 990		02	Form 1041-A			08			
Form 990		01	Form 4720			09			
Form 990		04	Form 5227			10			
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	·		11			
	T (trust other than above)	06	Form 8870			12			
STUP! DO	o not complete Part II if you were not already granted	d an auton	<u>natic 3-month extension on a pre</u>	viously fi	led Form	8868.			
■ The be	Anne Garcia								
Toloph	poks are in the care of 600 South Cherry Street	et, No.							
	none No. 303-398-7400		FAX No. ► 303-398-7430						
→ II (III) -> If this	organization does not have an office or place of busines	s in the Ur	nited States, check this box						
	is for a Group Return, enter the organization's four digit I if it is for part of the group, check this box								
v		_ and atta	ach a list with the names and EINs o	of all men	ibers the	extension is for.			
	quest an additional 3-month extension of time until <u>N</u>	ovember							
	calendar year <u>2011</u> , or other tax year beginning ne tax year entered in line 5 is for less than 12 months, o		, and endir						
5 11 11	Change in accounting period	cneck reas	on: Initial return	Fina	l return				
7 Sta	te in detail why you need the extension								
									
	<u>litional time is needed to gather informat</u> mplete and acurate return.	lon req	uired to prepare a						
<u>001</u>	mprece and acurate return.								
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	enter the tentative tay loop and	———					
	refundable credits, See instructions.	01 0003, 6	inter the teritative tax, less any						
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	88	\$	0.			
	payments made. Include any prior year overpayment al			~ 5 (4) 2					
	eviously with Form 8868.	ilowed as	a creat and any amount paid	81	╗.	•			
	lance due. Subtract line 8b from line 8a. Include your pa	avment wit	th this form if required by using	O L	\$	0.			
	IPS (Electronic Federal Tax Payment System). See instr		an and form, a required, by dailing	80	\$ \$				
			st be completed for Part II		<u>; </u>	0.			
Under pen	alties of perjury. I declare that I have examined this form, include	dina accomi			t of my kee	Madae and balief			
it is true, c	orrect, and complete, and that I am authorized to prepare this f	orm.	panying contouries and statements, and	נית ווזם חפפ	COLINY KIRO	wiedys ани пенет,			
Signature	▶ Sugarne K Engle Title >	CPA		D:	ite 🕨	8/5/12			
	0					orm 8868 (Rev. 1-2012)			
					1-0	"" OGOO (1201 LEO 15)			

	0 (2011)	1.48			Page 2
art I				III	t
1	Briefly desc	ribe the organization's missi	esponse to any question in this Pa	<u>miii</u>	· · · · L
•				Denver community through its leader	shin.
	resources, t	traditions, and values. We valu	e our Jewish heritage and our roots in	Jewish traditions including charity,	ohilanthropy,
	and nondisc	crimination. We value excellen	ce and uphold the highest standards in	the pursuit of our mission. We value	e the trust and
	respect of the	he community and continually	strive to earn and sustain that trust by	consistent & disciplined adherence	to our mission.
Briefly describe the organization's mission: Rose Community Foundation works to enhance the quality of life of the Greater Denver community through its leadership resources, traditions, and values. We value our Jewish heritage and our roots in Jewish traditions including charity, phila and nondiscrimination. We value excellence and uphold the highest standards in the pursuit of our mission. We value the respect of the community and continually strive to earn and sustain that trust by consistent & disciplined adherence to our disciplined of the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mexpenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 7,810,463 including grants of \$ 6,708,339) (Revenue \$ 275 Rose Community Foundation's key program achievements in 2011 were in three areas. DONOR DEVELOPMENT: Rose Community Foundation's key program achievements in 2011 were in three areas. DONOR DEVELOPMENT: Rose Community Foundation's recommended grants totaled \$1,291,000 to a broad range of community interests. ENDOWMENT SERVICES: Two new nonprofit endowment funds were established and the Foundation paid out \$3,969,000 to local nonprogranizations who have established permanent endowments and designated funds at the Foundation. 4b (Code:) (Expenses \$	∐Yes ☑No				
3	Did the org	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III (if) describe the organization's mission: so Community Foundation works to enhance the quality of life of the Greater Denver community through its leadership, burces, traditions, and values. We value our Jewish heritage and our roots in Jewish traditions including charity, philanthropy incondiscrimination. We value excellence and uphold the highest standards in the pursuit of our mission when the excellence and uphold the highest standards in the pursuit of our mission who walue excellence and uphold the highest standards in the pursuit of our mission when the community and continually strive to earn and sustain that trust by consistent & disciplined adherence to our mission the organization undertake any significant program services during the year which were not listed on the reform 990 or 990-EZ? Tesm 990 or 990-EZ? Tes			
					_ Yes ✓ No
1	Describe the expenses. S	e organization's program se Section 501(c)(3) and 501(c)	rvice accomplishments for each of i (4) organizations and section 4947	(a)(1) trusts are required to report	as measured by the amount o
a	Rose Comm Legacy Circ DISTRIBUTI SERVICES:	nunity Foundation's key progra le has grown to include 50 pla ONS: Donor's recommended ç Two new nonprofit endowmen	am achievements in 2011 were in three nned gifts and 20 new gifts and eight r grants totaled \$1,291,000 to a broad ra It funds were established and the Four	areas. DONOR DEVELOPMENT: Ros new advised funds were established. nge of community interests. ENDOWN adation paid out \$3,969,000 to local no	e Community FUND MENT
łb			including grants of \$) (Revenue \$)
	areas within	the seven-county Denver con	nmunity. A total of \$8,544,000 in unres	ricted funds was awarded in 2011 as	follows: AGING
	efforts; EDU	CATION- \$1,627,000 to improv	e K-12 teacher quality and support sy	stemic changed aimed at closing edu	cation gaps;
	and learning	g, strengthen organizations an	d develop leaders. (For informational	purposes only- activity is not include	d in the Rose
,					
lc	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

 4d
 Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

 4e
 Total program service expenses ▶ 7

) (Revenue \$

7,810,463

Form 990 (2011) Rose Community Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	ļ
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	X	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7		_x_
Ŭ	Schedule D, Part III	8		17
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	0		X
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	^	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>1</u> 1e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
IJ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	101-		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı+a		_X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) Rose Community Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		į	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_x
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity?			
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
oe	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	- · · · · · · · · · · · · · · · · · · ·			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X
JO	Note. All Form 990 filers are required to complete Schedule O	20	,,	
	Motor / in 1 of the door interest to complete of required to	_38	X	

Form 990 (2011) Rose Community Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	_1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1.		1
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X
b		_5b		X
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ĺ
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
	were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	:	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_		X
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			'
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		X
10	Section 501(c)(7) organizations. Enter:	9b_		X
a	Initiation fees and capital contributions included on Part VIII, line 12N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			l
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-		1
	organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
D	ii 165, tias it lieu a comi 720 to report triese payments (11 70, "provide an explanation in Schedule U	14b		Щ

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	_X
6	Did the organization have members or stockholders?	6_		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	_7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	tion D. Folloco (mis decubit b requests information about policies not required by the internal nevenue code.)	,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	168	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		_X
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1,14		
12a		12a	x	
b		12b	X	
C				
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	x Own website Another's website x Upon request	,		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d tinar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person who possesses the books and records of the organizations of the person of the person who person of the person who person of the pers	ion: 🕨		
	Anne Garcia - 303-398-7400 600 South Cherry Street, No. 1200, Denver, CO 80246			
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Form	990	1207	71

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Rose Community Foundation

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

v

Form 990 (2011)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		.,,,,,,,		C)		1001	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than Is boti	h an	compensation	compensation	amount of
	week	-	ceran	idad 	irecto	or/trus	tee)	from	from related	other
	(describe hours for	liegt Light				L		the organization	organizations	compensation
	related	1 5 es	stee			nsated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	謹	ra tru		oyee	9ДШ0		(** = , ***** = ,		and related
	in Schedule	Individual trustee or director	nstitutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations
	O)	밀	SE .	뿔_	Kej	量電	훈			
(1) Stephanie Foote	1 00	,,		Ì.,	Ì					_
Chair (2) Neil Oberfeld	1.00	<u> </u>		X	<u> </u>	_		0.	0.	
	1 00			x	ł			_		
Secretary (3) Jennifer Atler Fischer	1.00	^	 			\vdash		0.	0.	0.
Trustee	1 00	ļ.,								
(4) Dori Biester, Ph. D.	1.00				-			0.		0.
Trustee	1.00							0.	0.	
(5) Judy Altenberg		^						U,		0.
Trustee	1.00	w						0.	0.	0
(6) Jean Galloway	1.00									0.
Trustee	1.00	x				ļ		0.	٥.	0.
(7) Jerrold L. Glick										
Trustee	1.00	х						0,	0,	0.
(8) Douglas L. Jones									- "	
Trustee	1.00	х						0.	0.	0.
(9) Helayne B. Jones, Ed. D.		-	1							
Trustee	1.00	x				L.		0.	0.	0.
(10) Rob Klugman				Ì	ļ					
Trustee	1.00	х						0.	0.	0.
(11) Evan Makovsky										
Trustee	1.00	x	ļ			<u> </u>		0.	0.	0.
(12) Ronald E. Montoya							ļ			
Trustee	1,00	x		<u> </u>		<u> </u>		0.	0,	0.
(13) Milroy A. Alexander										
Trustee	1.00	X.	 _			\vdash		0.	0.	0.
(14) Dean Prina, M.D.										
Trustee	1,00	X	<u> </u>	ļ		_		0.	0.	0.
(15) Irit Waldbaum										
Trustee	1.00	X	-					0,	0,	0.
(16) Lisa Reckler Cohn	1									
Trustee	1,00	X	 		 	 		0.		0,
(17) William N. Lindsay, III										
Trustee	1.00	<u> X</u>	L				<u></u>	0.	<u>0.</u>	0.

Section A. Officers, Directors,		<u>mpl</u>	oye			High	est	Compensated Employ	ees (continued)			
(A)	(B)				C)	_		(D)	(E)		(F)	
Name and title	Average	(de	not o	Pos check	mare	than	one	Reportable	Reportable	- 1	Estimat	:ed
	hours per week			ess pe nd a c				•	compensation		amount	
	(describe	_	T			Τ	,	from the	from related		other	
	hours for	or director	1			_		organization	organizations (W-2/1099-MISC)		mpens from th	
	related	90	eg.			Safe		(W-2/1099-MISC)	(***2/1099-101130)	1	rganiza	
	organizations	trustee	al tru:		yee	l bel		(17 23 1866 181166)			and rela	
	in Schedule	1 25	institutional trustee		l old in	stco	<u>=</u>				ganizat	
	O)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			0.	garnear	.10710
(18) Marjorie Gart						Ĭ						
Dir, of Philanthropic Svcs.	40,00	ļ		x				27,850,	43,54	3.		0.
(19) Sheila Bugdanowitz												
President & CEO	40.00			х				105,600.	165,10	0.	30	,282.
(20) Anne Garcia												,
Treasurer, CFO & COO	40.00			x				56,746,	88,71	9.	23	,365,
(21) Elsa Holguin								,	•			
Program Officer	40,00		L			х		0.	130,63	0.	19	<u>,2</u> 05,
(22) Lisa Farber-Miller												
Program Officer	40.00	ļ		_	ļ.	х	ļ <u>.</u>	0.	114,20	6.	17	.607.
		\vdash	-	\vdash	<u> </u>					-		
										1		
		_										
1b Sub-total			<u></u>	J				190,196.	542.10			450
c Total from continuation sheets to Par								190,196.	542,19	0.	90	,459.
d Total (add lines 1b and 1c)								190,196.	542.19			0,
Total number of individuals (including but							no r			0.1	90	<u>,459.</u>
compensation from the organization		1000	, 1101	ou u	5011	o, v.	10 ,	cocivoa more mari groc	1000 of reportable			1
											Yes	No
3 Did the organization list any former office										:		
line 1a? If "Yes," complete Schedule J fo	or such Individual		<i>.</i>					***************************************	******************************	. 3		x
4 For any individual listed on line 1a, is the	sum of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$. 4	х	
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes," or	omplete Schedul	e J	for s	uch	pers	son		***************************************		. 5		x
Section B. Independent Contractors												
Complete this table for your five highest the organization. Report compensation										nsatior	ı from	
(A)	ior the calendar y	ear	enu	ing v	VILLI	Or W	111111		year.			
رم) Name and busine	ess address							(B) Description of s	ervices		(C) ensatio	on
Wade, Ash, Woods, Hill and Farley	PC											-
360 S. Monroe Street, Denver, CO 8	0209							Legal services			112	.550.
												,
							-					
							}	!				
2 Total number of independent contractor	s (including but n	not li	mite	d to	the	se li	ster	ahove) who received m	ore than			
\$100,000 of compensation from the org						1						
											000	

Part VIII Statement of Revenue (A) (B) (C) (D) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns Membership dues 1b c Fundraising events 1c 7.038 d Related organizations 1d 1,277,605 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 3 292 291 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 4.576.934 Business Code 2 a Administrative fees 561000 275,016, 275,016 f All other program service revenue g Total. Add lines 2a-2f 275.016 Investment income (including dividends, interest, and other similar amounts) <u>563,067</u> 563,067. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 287,505 b Less: cost or other basis and sales expenses n c Gain or (loss) 287,505. d Net gain or (loss) 287,505 287,505. 8 a Gross income from fundraising events (not Other Revenue including \$ 7,038, of contributions reported on line 1c). See Part IV, line 18 _____a 4,692 b Less: direct expenses _____ b 4.692 c Net income or (loss) from fundraising events 0 9 a Gross income from gaming activities, See Part IV, line 19 _____a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____ a 345,048 b Less: cost of goods sold _____ b 208,221 c Net income or (loss) from sales of inventory . 136.827 136 827. Miscellaneous Revenue **Business Code** 11 a Miscellaneous revenue 900099 12,513 12,513. d All other revenue e Total. Add lines 11a-11d 12,513. Total revenue. See instructions. 5.851.862 275,016 999,912.

Form 990 (2011) Rose Community Foundation Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21	6,702,445.	6,702,445.	·····	
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	5,894.	5,894.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	*** ***			
	trustees, and key employees	211,124.	26,918.	51,092.	133,114
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			·	
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	774,663.	355,627.	116,226.	302,810
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)	34,923.	14,498.	5,665,	14,760
9	Other employee benefits	89,449.	33,802.	15,435.	40,212
10	Payroll taxes	59,431.	21,961.	10,393.	<u>27,077</u>
11	Fees for services (non-employees):				
a	Management				
b	Legal	8,278.		8,278,	
C.					
d	/ 0 ///////////////////////////////////				
e	Professional fundralsing services. See Part IV, line 17				
f	Investment management fees	48,676.		48,676.	
g	Other	99,786.	41,663.	39,715.	18,408
12	Advertising and promotion				<u>.</u>
13	Office expenses	87,002,	45,775.	11,435.	29,792
14	Information technology				
15	Royalties	· · · · · · · · · · · · · · · · · · ·			
16	Occupancy	103,124.	13,148.	24,956.	65,020
17	Travel	53,500.	12,719.	11,311.	29,470
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	· · · -			-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,432.		3,432.	
23	Insurance	14,208.	1,812.	3,438.	8,958
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Other Pgm. Initiatives	529,346.	529,346,		
b		110,775,	,	110,775.	
c	Communications	43,216.	4,855.	23,774.	14,587
d		,,	-,		22,007
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,979,272.	7,810,463.	484,601.	684,208
26	Joint costs. Complete this line only if the organization	-,,,	., ,	202,001,	004,200
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance Sheet

					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			3,794,202.	1	4,323,478,
2	2	Savings and temporary cash investments	<i>.</i>			2	
3	3	Pledges and grants receivable, net			1,311,317.	3	1,126,876,
4	4	Accounts receivable, net		,	583,753.	4	419,627,
Į - Ę	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	s. Con	plete Part II			
		of Schedule L				5	
Ι 6	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B),	nd contributing			
		employers and sponsoring organizations of sect					
.		employees' beneficiary organizations (see instru				6	
7	7	Notes and loans receivable, net				7	
₹ ε	8	Inventories for sale or use			34,382.	8	34,382,
	9	Prepaid expenses and deferred charges			73,884,	9	48,502
10	0a	Land, buildings, and equipment: cost or other					-
		basis. Complete Part VI of Schedule D		443,962.			
	b	Less: accumulated depreciation		391,743.	55,650.	10c	52,219
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1			57,060,175.	12	52,406,166
13	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets				_14	
15	5	Other assets. See Part IV, line 11			656,229.	15	696,231
16	6	Total assets. Add lines 1 through 15 (must equa			63,569,592	16	59,107,481
17		Accounts payable and accrued expenses			1,239,591,	17	1,166,239
18	8	Grants payable			807,890.	18	841,961
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete F				21	
22		Payables to current and former officers, director					
21 22		highest compensated employees, and disqualifi	•				
-		of Schedule L				22	
23		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelated				24	
25	5	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-			[
0.0		Schedule D			35,554,707.	25	31,794,626.
26	<u> </u>	Total liabilities. Add lines 17 through 25			37,602,188.	26	33,802,826,
		Organizations that follow SFAS 117, check he lines 27 through 29, and lines 33 and 34.	re 📂	LX_I and complete			
27	7	- -		•	00 750 200	07	
28		Unrestricted net assets Temporarily restricted net assets			20,760,329.	27	20,279,112,
29		Photo and the second se			<u>4,916,855.</u>	28	4,735,323,
-	•	Organizations that do not follow SFAS 117, cl		re ▶ □ and	290,220.	29	290,220,
		complete lines 30 through 34.	ICCA III	allu			
30	n	Capital stock or trust principal, or current funds		i		30	
27 28 29 30 31 32		Paid-in or capital surplus, or land, building, or eq				31	
32		Retained earnings, endowment, accumulated in				32	
: []		Total net assets or fund balances			25,967,404.	33	25,304,655
33							

Form 990 (2011)

	990 (2011) Rose Community Foundation	84-0920862		_ Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	,			$\begin{bmatrix} \mathbf{x} \end{bmatrix}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	851	862.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	979	272.
3	Revenue less expenses. Subtract line 2 from line 1	3	<3	.127	410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			404.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2	,464	661.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			655.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			$\begin{bmatrix} \mathbf{x} \end{bmatrix}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis x Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit	i		
	Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

David I	D	Rose Commu	nity Foundation						84-	0920862		
Part I			rity Status (All organiz					tructions.				
The organ			because it is: (For lines	_		-						
1 🖳			s, or association of chur			ction 170	(b)(1)(A)(i).				
2 🖳	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳			ital service organization									
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desci	ibed in s e	ection 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	e,
	city, and stat						•					
5 📖	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or op	erated by	/ a governi	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 LX	An organizati	ion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	ote Part II.)									
в 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	ion that normally red	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, an	d gross red	eipts	from
			nctions - subject to certa									
	income and ι	ınrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complet	e Part III.)									
10 🖳	An organizati	ion organized and o	perated exclusively to te	st for publ	ic safety. S	ee sectio	on 509(a)(4	1).				
11 📖	An organizati	ion organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	f one	or
	more publicly	/ supported organiz	ations described in secti	on 509(a)(1) or sectio	n 509(a)(2	2). See se e	ction 509(a)(3). Che	ck the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a 💹 Type I	b	☐ Type II 💢	з 🔲 Тур	e III - Func	tionally in	tegrated		d 🔲	Type III - C	Other	
e	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	ก
	foundation m	anagers and other	han one or more publicl	y supporte	d organiza	tions des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a wri	tten determination from	the IRS th	atitis a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check t	his box					***********		***************************************		
g	Since August	t 17, 2006, has the o	organization accepted ar						sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described	in (ii) and (iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
			n described in (i) above?									
	(iii) A 35% (controlled entity of a	ı person described in (i) e	or (ii) abov	e?					. 11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		r ·										
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) ls	s the	(vii) Am	iount o	f
org	anization		organization (described on lines 1-9	in col. (i) listed in your organization in cogoverning document? (i) of your support			organizati (i) organiz	ed in the	sup		•	
			above or IRC section	governing	aocument?	(1) 01 YOU	r support?	U.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ		<u></u>		<u> </u>			
									<u> </u>			
					<u> </u>	_						_
	·		 				ļ		 			
				ļ					<u> </u>	 .		
Total			1		1	1	Į.	l l	1 1			

Schedule A (Form 990 or 990-EZ) 2011 Rose Community Foundation 84-0920862

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and				\$ 7	(-)	(1) 1 = 1111
	membership fees received. (Do not						
	include any "unusual grants.")	20,713,610.	14,676,087.	4,869,385.	3,837,627.	4,576,934.	48,673,643.
2	Tax revenues levied for the organ-				0,00,,02,,	1,0,0,331.	40,075,045.
	ization's benefit and either paid to						
	or expended on its behalf	}		j			
3	The value of services or facilities						
-	furnished by a governmental unit to			ļ		}	•
	the organization without charge			Ì		Ì	
4	Total. Add lines 1 through 3	20,713,610.	14,676,087.	4 869 385	3,837,627.	4,576,934.	48,673,643.
	The portion of total contributions	20,713,010.	24,070,007.	4,005,305.	3,037,021.	4,570,554.	40,073,043,
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			į			
	amount shown on line 11,						
æ	Public support. Subtract line 5 from line 4.						<u>4,753,255.</u>
	tion B. Total Support	<u> </u>					43,920,388.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	20,713,610.	14,676,087.	4 869 385	3,837,627.		
	Gross income from interest,	20,715,010.	14,070,007.	4,009,303.	3,037,027.	4,576,934.	48,673,643.
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	914.752.	150 505	002 427	300 503	562 068	0.040.404
9	Net income from unrelated business	914,752,	159,585.	223,437.	399,593.	563,067.	2,260,434.
9	activities, whether or not the			}			
	business is regularly carried on			Ì			
10	Other income. Do not include gain						
10	or loss from the sale of capital			ł			
	assets (Explain in Part IV.)			Į			
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (oco inatrustis	una)			40	50,934,077.
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	l fourth or fifth to		12 F01(-)(0)	3,294,631 <u>.</u>
10	organization, check this box and stor				•	, ,, ,	_
Sec	ction C. Computation of Publ	ic Support Per	centage	***************************************			
	Public support percentage for 2011 (olumn (fi)		14	86.23 %
	Public support percentage from 2010					15	84,01 %
	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
114	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
ມ	more, and if the organization meets the						U% Of
							⊾ □
19	organization meets the "facts-and-circ			•		***************************************	
18	Private foundation. If the organization	n dia not check a i	oox on line 13, 16a	, 100, 178, or 17b.	, cneck this box a	<u>ria see instructions</u>	<u> </u>

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						· ·
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			,	1, =	1	177 1000
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					-	
	merchandise sold or services per-]
	formed, or facilities furnished in any activity that is related to the						•
	organization's tax-exempt purpose						
3	Gross receipts from activities that				-		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	_					
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						}
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7e from line 6.)						
Sec	ction B. Total Support						-
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, rovalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain				<u> </u>		
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)					<u> </u>	L
14	First five years. If the Form 990 is for						
Ser	check this box and stop here ction C. Computation of Publi	ic Support Pa	rcontago				
	Public support percentage for 2011 (I				-	las I	
16	Public support percentage from 2010	Schedule A. Part				15	%
	ction D. Computation of Inves					16	%
•	Investment income percentage for 20	·	<u> </u>	ne 13 column (f)		17	
18	Investment income percentage from	2010 Schedule A.	Part III. line 17	10 10, 001011111 (1))	***************************************	18	%
19a	33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14 and line	15 is more than		7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Publinspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization		•	Empl	oyer identification number
	Rose Commun	nity Foundation			84-0920862
Pε	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
3	Provide a description of the organiz Political expenditures Volunteer hours			▶ \$	
Pa		janization is exempt und			
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?		*****************************		L Yes L No
	If "Yes," describe in Part IV.				
		anization is exempt und		···	
1	Enter the amount directly expended				
2	Enter the amount of the filing organ		-		
	exempt function activities				
3	Total exempt function expenditures			7	
	line 17b	•••••••••••••••••••••••••••••••••••••••	•••••	▶\$	
4	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organiza contributions received that were pro-				
	political action committee (PAC). If				te segregateu lund or a
	<u> </u>		1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	i				

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 R	ose Com	munity Fou	ndation	501(c)(3) and file	84-092 od Form 5768	0862 Page 2
(election under sect			prunder section	oo i(c)(o) and ine	d 1 01111 3700	
		. ,,	ted group (and list in F	Part IV each affiliated o	roup member's nam	e address FIN
expenses, and share				art iv each annated g	group mornoer s name	e, address, Eliv,
			"limited control" provi	isions annly		
				ююне арріу.	(a) Filing	(b) Affiliated group
Limits The term "expendi)		ying Expend eans amoun			organization's totals	totals
			· ,			
1a Total lobbying expenditures to influe					1,884,	
b Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin		d 1b)			1,884.	
d Other exempt purpose expenditures					8,293,180.	
e Total exempt purpose expenditures	(add line:	s 1c and 1d)			8,295,064.	
f Lobbying nontaxable amount. Enter	the amo	unt from the f	following table in both	columns.	564,753,	
If the amount on line 1e, column (a) or	(b) is:	The lobby	<u>ying nontaxable amou</u>	ınt is:		
Not over \$500,000		20% of th	e amount on line 1e.			
Over \$500,000 but not over \$1,000,	000	\$100,000	plus 15% of the exces	ss over \$500,000.		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000		\$1,000,00		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		+·,,				
g Grassroots nontaxable amount (ente	er 25% of	f line 1f)			1/1 100	
h Subtract line 1g from line 1a. If zero					141,188.	<u> </u>
i Subtract line 1f from line 1c. If zero		ator O	•••••••••••••••••		0.	
	•			_	0,	
j If there is an amount other than zero					г	¬
reporting section 4911 tax for this y						Yes No
	tions tha	it made a sec	aging Period Under S ction 501(h) election o instructions for lines	do not have to compl		
CON			litures During 4-Year			
		,g/,	attaroo Baring 1 1001	/troruging r orloa		
Calendar year (or fiscal year beginning in)	(a) 2	8008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount		408.850.	467.896.	463.066.	564,753.	1,904,565.
b Lobbying ceiling amount						
(150% of line 2a, column(e))		1				2,856,848,
						2,000,010,
c Total lobbying expenditures		8,973.			1,884.	10,857,
		,,,,,,,,			±,004.	10,037,
d Grassroots nontaxable amount		102,213.	116 974	115,767.	1/11 100	176 140
e Grassroots ceiling amount		~V#, 41V.		113,101.	141,188.	476,142.
(150% of line 2d, column (e))		.				844.040
((a))			-			714,213.
f Grassroots lobbying expenditures		8 973.			1 004	40.055
. Signorous iopplying experientales		0,213.			1,884.	10.857.

10,857.

1.884

Schedule C (Form 990 or 990 EZ) 2011 Rose Community Foundation 84-0920862 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity.		(a	· · · · · · · · · · · · · · · · · · ·	1	o)
uring the year, did the filing organization attempt to influence foreign, national, state or		Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state o	r				
local legislation, including any attempt to influence public opinion on a legislative matte	r				
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c thro	ugh 1i)? 📙	. –			
c Media advertisements?			·		
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mean			· -		
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3	3)?				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
		501(c)	(5), or s	ection	
· · · · · · · · · · · · · · · ·				1	
Somplete if the organization is exempt under section 501(c) 501(c)(6).				Yes	1 N
501(c)(6).			-	Yes	1
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?				Yes	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the priart III-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are	ior year? c)(4), section	501(c)	2 3 (5), or s	ection	e 3,
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the priart III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	ior year? c)(4), section answered "N	501(c) No" OR	(5), or s	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prince till-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	or year? c)(4), section answered "N	501(c) No" OR	(5), or s	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior till-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	or year? c)(4), section answered "N	501(c) No" OR	(5), or s	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior till-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid).	ior year? c)(4), section answered "N unts of political	501(c) No" OR	(5), or s (b) Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prince of \$100 or less? The second of the organization is exempt under section 501 or 501 o	ior year? c)(4), section answered "N unts of political	501(c) No" OR	(5), or s (b) Par	ection	
Sol(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the print III-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ior year? c)(4), section answered "N unts of political	501(c) No" OR	2 (5), or s (b) Par 1 2a 2b	ection	
Sol(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior of the organization agree to carry over lobbying and political expenditures from the prior till-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid). Current year b Carryover from last year Total	ior year? c)(4), section answered "N unts of political	501(c) No" OR	2 3 (5), or s (b) Par 1 2a 2b 2c	ection	
Solicition Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prince of the organization is exempt under section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16	or year? c)(4), section answered "N unts of political	501(c) No" OR	2 3 (5), or s (b) Par 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior of the organization agree to carry over lobbying and political expenditures from the prior of the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 10 lf notices were sent and the amount on line 2c exceeds the amount on line 3, what porters	ior year? c)(4), section answered "N unts of political 62(e) dues tion of the exces	501(c) No" OR	2 3 (5), or s (b) Par 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the priart III-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid). Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 10 lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portions the organization agree to carryover to the reasonable estimate of nondeductible keeps and the amount on line 2c exceeds the amount on line 3.	ior year? c)(4), section answered "N unts of political 62(e) dues tion of the exces bbbying and poli	501(c) No" OR	2 3 (5), or s (b) Par 1 2a 2b 2c 3	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior art III-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 10 lf notices were sent and the amount on line 2c exceeds the amount on line 3, what porters	ior year? c)(4), section answered "N unts of political 62(e) dues tion of the exces bbbying and poli	501(c) No" OR	2 3 (5), or s (b) Par 1 2a 2b 2c 3	ection	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047 Open to Public Inspection

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Nam	e of the organization		Employer identification number
Pa	Rose Community Foundation	Funda or Other Cimiler Fronts -	84-0920862
гd	<u> </u>		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	3. (a) Donor advised funds	(b) Funds and other accounts
	Total combon of the		(b) Funds and other accounts
1	Total number at end of year	53	
2		1,570,443.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	-	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		•
	for charitable purposes and not for the benefit of the donor or or		
Da		rishing as a superior of Wysell As Farm 200. But	
			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		Salation Service and the state of
	Preservation of land for public use (e.g., recreation or edu		ically important land area
	Preservation of open space	Preservation of a certifie	u historic structure
2	Complete lines 2a through 2d if the organization held a qualified	al accompanion contain the form of	
~	day of the tax year.	d conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Year
а	Total number of conservation easements		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic struc		
_	Number of conservation easements included in (c) acquired aft		
u	listed in the National Register		I I
3	Number of conservation easements modified, transferred, relea		
Ū	year ▶	acca, extinguished, or terminated by the of	ganization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizatio	on's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
la	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 116	· · · · · · · · · · · · · · · · · · ·	
а	Revenues included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		\$

		ty Foundation				84-09			P	<u>'age 2</u>
Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	easures, or C	Other	<u>Similar As</u>	set	S (con	tinued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that an	e a sign	ificant use of	its c	ollectic	n item	18
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange programs						
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how they further th	ne organization's	exemp	t purpose in	Part	XIV.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other si	milar as	sets				
	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatio	n answered "Yes	s" to Fo	rm 990, Part	IV, lii	ne 9, or		
1a	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets	not inc	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV a							103	١	140
-			iomig table.					Amoun		
C	Beginning balance					1c		7 II TOUT	-	
	Additions during the year					1d	-			
e	Distributions during the year					1e				
f	Ending balance					 - - - - - - - - - 				
	Did the organization include an amount on Fo	rm 990. Part X. line	217		•••••			Yes	\neg	No
	If "Yes," explain the arrangement in Part XIV.			***************************************			\	100		J 140
Par		the organization and	swered "Yes" to For	rm 990. Part IV. I	ine 10.					
L		(a) Current year	(b) Prior year	(c) Two years ba		Three years h	ack	(a) Fou	r veare	hack
1a	Beginning of year balance	455,477.	468.540.	452,2		556,2	- 4	(e) ou	i youro	Duck
b	Contributions	200, 417.	400,540.	432,2		330,2	20.			
c	Net investment earnings, gains, and losses	486.	37,823.	89,8	20	<99.0	0.0			
d	Grants or scholarships	24 918.	50,886.	•						
	Other expenditures for facilities	24,310.	50,869.	73,5	09.	5,0	···			
·	and programs									
f	Administrative expenses		· · ·							
g	End of year balance	431,045.	4EE 477	460 5	4.0	450.0	-			
2	Provide the estimated percentage of the curre		455,477.		40.	452,2	20,			
	Board designated or quasi-endowment	-	e (iiile Tg, columit (a %	ij) neid as:						
a b	Permanent endowment 67.28		_70							
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c should									
20		•	tion that are hold a	nd administared	for the	o raonization				
Ja	Are there endowment funds not in the posses	sion of the organiza	tion that are neid a	na aaministerea	פוזו זטו	organization			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	by: (i) unrelated organizations							0.40	Yes	No_
								3a(i)	├──	<u>X</u>
b	(ii) related organizations	listed as required of	n Sabadula D2				•••••	3a(ii)		Х
4	Describe in Part XIV the intended uses of the					• • • • • • • • • • • • • • • • • • • •	•••••	_3b	L	
Pai										
L:			1	au athau				(D D	1 1	
	Description of property	(a) Cost or of basis (investm		or otner ((other)		umulated ciation		(d) Boo)k valu	е
12	Land		iony basis (<u> </u>	gehie	- Janon				
ıa b	Land			45,200.					45	,2 <u>00.</u>
	Buildings Leasehold improvements			27 200		01 005				
c d				27,307.		21,986.			5	,321.
	Equipment			254 455		2.50 -77				
	Other		V column (D) line 4	371,455,		369 757.				<u>.698.</u>
uld	. Aug mico Ta tinough Te. (Column (u) Must eq	uari umi 330, Fart.	r, colaina (b), line i	V[G]./					52	<u>.2</u> 19.

chedule D (Form 990) 2011 Rose Community For Part VII Investments - Other Securities. See	Form 990, Part X, line 12	• .	84-092086	2 Page
(a) Description of security or category (including name of security)	(b) Book value) Method of valuation: r end-of-year market valu	le
l) Financial derivatives				
2) Closely-held equity interests				
(A) Investments held by Rose Foundation	E2 406 166	T-4 -5 V V-		
(B)	52,406,166.	End-of-Year Mar	rket value	
(C)				
(D)				
(E)				
(F)				
(G) (H)				
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	52,406,166.	3		
Part VIII Investments - Program Related. See	Form 990, Part X, line 13	3.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end of year market value		
(1)				
(2)				
(3)			<u> </u>	
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)		·············		
Part IX Other Assets. See Form 990, Part X, line 1	 5.			
	escription		(b)) Book value
(1)				
(2)	 			
(3)				
(5)				
(6)				
(7)				
(8)	- · · · · · · · · · · · · · · · · · · ·			_
(9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X, lin				
(a) Description of liability		b) Book value		· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes				
(2) Charitable remainder annuity trust		20,031.		
(3) Agency and other funds held on behalf (4)	ot others	31,774,595.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to t FIN 48 (ASC 740).	25.)	31 794 626		
FINIAD (ACO 270) Francis In Day William (A)				T-1

	dule D (Form 990) 2011 Rose Community Foundation			84-0920862	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990			tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[3]		
4	Net unrealized gains (losses) on investments	*	4		
5	Donated services and use of facilities	*****************	5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		
Pai	t XII Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		7	
c	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIV.)	2d		7	
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1	•••••••	***************************************	3	·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)			-	
	Add lines 4a and 4b			- ₄₀	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 4c	
	t XIII Reconciliation of Expenses per Audited Financial State	ments With	Expenses ne	r Return	
1	Total expenses and losses per audited financial statements				.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************	·	
a	Donated services and use of facilities	ا مم ا			
b				-	
C	Prior year adjustments Other lesses		 -	-	
ď	Other losses	2c		-	
	Other (Describe in Part XIV.)			-	
_	Add lines 2a through 2d			. <u>2e</u>	
3	Subtract line 2e from line 1		***************************************	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			4	
	Other (Describe in Part XIV.)			-	
_	Add lines 4a and 4b		• • • • • • • • • • • • • • • • • • • •	. 4c	
Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***************************************		. 5	
	t XIV Supplemental Information	<u></u>			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co		t to provide any a	dditional information	١.
Part	V, line 4: The Foundation holds endowment and other funds on	1			
beha	If of others, Distributions from these funds provide operat	ing			
supp	ort for the activities of the endowed nonprofit organization	As			
such	, these funds provide long term financial support to suppleme	ent the	<u> </u>		
orga	nizations annual fundraising efforts.				
				<u> </u>	<u> </u>

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Rose Community Foundation Name of the organization Department of the Treasury nternal Revenue Service SCHEDULE (Form 990)

2011
Open to Public Inspection

Employer identification number

8 | 146. Schedule I (Form 990) (2011) Boomers Leading Change in distribution for general ewish Legacy Initiative distribution for general distribution for general Live On III: Build Your fazelTot participation Endowment Challenge (h) Purpose of grant or assistance 84-0920862 Jonor-Advised Fund Donor-Advised Fund Donor-Advised Fund Health Engagement X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any distribution support support support rant recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of N/A (f) Method of valuation (book, FMV, appraisal, other) N/A N/A 0 N/A 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 607 32,000 5.000. 11,924 94,250 5 000 9 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 501(c)3 501(C)3 501(C)3 501(C)3 13-5600406 501(C)3 Enter total number of other organizations listed in the line 1 table 84-1322731 criteria used to award the grants or assistance? 74-2452969 94-3382726 84-0584939 84-0402662 General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization 169 Parkville Ave. - Brooklyn, NY Knesseth Israel of Slabodka Kown Alumni of the Rabbinical College Colorado - 300 S. Dahlia St. Greenwood Village, CO 80111 Allied Jewish Federation of Allied Jewish Apartments or government Alexander Dawson School 9550 E. Belleview Ave. Denver, CO 80204-3607 Lafayette, CO 80026 10455 Dawson Drive 1139 Delaware St. Denver, CO 80209 Denver, CO 80246 22 S. Adams St. 9Health Fair Aish Denver Part I Part II 11230 Q

4-0920862 Page 1	
Schedule (Form 990) Rose Community Foundation 84	of Grants and Other Assistance to Governments and Organizations in the United States

Tall II Continuation of drafts and Other Assistance to dovernments	Assistance to G		lizalions III tile Ol	ned salates (Schie	and Organizations III the Office States (Schedule I (1911) 990), Part III,	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Friends of Darche Noam 14 Beechwood Drive Lawrence, NY 11559	11-2694906	501(C)3	,000,9	.0	N/A	N/A	Donor-Advised Fund distribution for general support
American Jewish Joint Distribution Committee - 711 3rd Avenue, 10th floor - New York, NY 10017-4014	13-1656634	501(C)3	27,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
American Jewish World Service 45 W. 36th Street, 10th floor New York, NY 10018-7904	22-2584370	501(C)3	18,000	0	N/A	N/A	Donor-Advised Fund distribution for general support
Anti-Defamation League, Mountain States Region - 1120 Lincoln Street, Suite 1301 - Denver, CO 80203-2140	13-1818723	501(C)3	75,033.	0		N/A	Live On III: Build Your Jewish Legacy Initiative & Endowment Challenge Distribution
Aspen Community Foundation 110 E. Hallam Street, Suite 126 Aspen, CO 81611	84-0829226	501(C)3	5,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
	84-0922858		46,500.	0	N/A	N/A	Payment for grant for development of a Southwest Teacher Union Reform Network
	84-0412568	501(c)3		0			Live On III and MazelTot & Endowment Challenge Distribution
Boulder Jewish Community Center 3800 Kalmia Ave. Boulder, CO 80301	84-1322996	501(C)3	73,681.	۵	N/A	N/A	Live On III and MazelTot & Endowment Challenge Distribution
Boys & Girls Clubs of Metro Denver 2017 West 9th Ave. Denver, CO 80204	84-0510404	501(C)3	10,500.	0	N/A	N/A	2011 Gates Camp Season Schadule (Form 900)
							ספוזמחמום ו לו חודוו פפסל

1862 Page 1	
84-0920	990), Part II.)
	he United States (Schedule I (Form
	vernments and Organizations in the
unity Foundation	Assistance to Go
Rose Community F	ion of Grants and Other Assistance to Governments and
l (Form 990)	Continuation

Schedule (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments	Community Foundation and Other Assistance to Go		nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		84-0920862 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Breckenridge Outdoor Education Center - P.O. Box 697 - Breckenridge CO 80424	84-0725560	501(C)3	20 000	0		4/N	Wilderness program scholarships and equipment
	75-7126012	501(C)3	5 000		ИД	N/A	Donor-Advised Fund distribution for general support
1.4 8 8 6	84-0902211	501(C)3			N/A	N/A	Boomers Leading Change in Health Engagement
CBR Youth Connect 1767 Denver West Blvd Ste A Golden, CO 80401	84-0500375	501(C)3	16,000	0	N/A	N/A	Pawsitive Connection
Center for Immigrants and Immigration Services - 1582 Parker Rd. Suite 110 - Denver CO 80231	68-0575731	501(C)3	12,500.	0	N/A	N/A	Direct services to human trafficking victims
Center of 8 9950 Lone	20-0285036	501(C)3	4	0,0	N/A	N/A	MazelTot participation grant
Chai Lifeline 9701 W. Pico Blvd., #120 Los Angeles, CA 90035	11-2940331	501(0)3	5,000.	0.0	N/A	N/A	Donor-Advised Fund distribution for general support
Children's Diabetes Foundation at Denver - 4380 South Syracuse Street, Suite 430 - Denver, CO 80237	84-0745008	501(0)3	2,525,840,	, G	N/A	V/V	Donor-Advised Fund distribution for general support & Agency Fund Distribution
Children's Hospital Colorado Foundation - 13123 B. 16th Avenue, Box 045 - Aurora, CO 80045	84-0813462	501(c)3	21,500.	0	N/A	N/A	Donor-Advised Fund distribution for general support
							Schedule I (Form 890)

Page 1	
84-0920862	
990) Rose Community Foundation	uation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Schedule (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Community Foundation and Other Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		84-0920862 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Collaborative Health Solutions 14300 w. Warren Drive Lakewood, CO 80228	20-3868152		15,438.	0	N/A	N/A	State of Colorado grantwriting assistance
Colorado African Organization 6795 E. Tennessee Avenue, Suite 25 Denver, CO 80224	30-0262458	501(C)3	7 000.	0	N/A	N/A	Education Progrem
Colorado Agency for Jewish Education - 300 S. Dahlia St., Ste 101 - Denver CO 80246	84-0735278	501(C)3	146,104	0	N/A	N/A	Jewish Early Childhood Ed. Project & Endowment Challenge Distribution
Colorado Alliance for Health Equity and Practice - 5250 Leetsdale Drive, Suite 110 - Denver, CO 80246	02-0732220	501(C)3	32,000.	0	N/A	N/A	Boomers Leading Change in Health Engagement
Colorado Children's Campaign 1580 Lincoln Street, Suite 420 Denver CO 80203	74-2374672	501(C)3	5,000	0	N/A	N/A	Donor-Advised Fund distribution
		501(0)3			N/A	N/A	Denver Regional Mobility & Access Council
e Bo	84-1012915	501(C)3	19,219.	0	N/A	N/A	Live On III: Build Your Jewish Legacy Initiative & Endowment Challenge Distribution
Congregation Beth Mechachem of Glogev - 154 W, 78th Street, #8P - New York, NY 10023	11-2938700	501(c)3	17,200.	0	N/A	N/A	Donor-Advised Fund distribution
Dental Aid 877 S. Boulder Rd. Louisville, CO 80027	84-0717588	501(C)3	10,000.	0 A	N/A	N/A	Marci's Fund for Uninsured Children Schedule I (Form 990)

Schedule I (Form 990) Rose Community Foundation	84-0920862	Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	wernments and Orgar	nizations in the Ur	nited States (Sch	edule I (Form 990), Pa I	ut .)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Denver Academy of Torah 6825 E. Alameda Ave. Denver, CO 80224-1363	84-1187080	501(C)3	50,792.	0	/ N/A	N/A	WazelTot participation grant & Endowment Challenge Distribution
Denver Area Council, Boy Scouts of America - 10455 W. 6th Avenue, Suite 100 - Lakewood, CO 80215	75-2396057	501(0)3	.000.	•0	K/N	N/A	Donor-Advised Fund distribution
. Are 7 13t	74-2239861	501(C)3	10,000.	• 0	N/A	N/A	Roots & Wings Education Program
Denver Health Foundation 655 Broadway, Suite 750 Denver. CO 80203	84-1085196	501(C)3	38 250	0	K/N	V / N	Boomers Leading Change in Health Encacement
ا ت ا	84-1476467	501(C)3		0	N/A	N/A	I H I
Denver Museum of Nature & Science 2001 Colorado Blvd, Denver, CO 80205	84-0518447	501(c)3	10,000	0	N/A	A/N	Donor-Advised Fund distribution for general support
Denver Public Schools 900 Grant Street, Room 702 Denver, CO 80203	84-6001099	501(C)3	59,460.	0	N/A	N/A	New teacher evaluation program
Denver Scholarship Foundation 303 E. 17th Avenue, Suite 200 Denver, CO 80203	20-5143175	501(C)3	.5500	0	N/A	N/A	Donor-Advised Fund distribution for general support
Denver Urban Gardens 3377 Blake Street, Suite 1.13 Denver, CO 80205	74-2374848	501(C)3	15,000.	0	N/A	N/A	Support of new community gardens
							Schedule I (Form 990)

0862 Page 1	
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	s (Schedule I (Form 990), Part II.)
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	ernments and Organizatio
ty Foundation	Other Assistance to Governments and O
Rose Community F	II Continuation of Grants and Other Ass
Schedule I (Form 990)	art II Continuation
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(a) Name and address of (b) EIN (c) IRC section organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DSST Public Schools 2000 Valentia Street Denver, CO §0238	84-1602733	501(C)3	5,000.		N/A	N/A	Donor-Advised Fund distribtuion for general support
Escuela de Guadalupe 3401 Pecos Denver, CO 80211	31-1652842	501(C)3	7,500.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Family Tree 3805 Marshall Street, Suite 10 Wheat Ridge, CO 80033	84-0730973	501(C)3	10,000.	0	N/A	N/A	Donor-Advised Fund distribution for general suppoxt
Fidelity Charitable Gift Fund P.O. Box 770001 Cincinnati, OH 45277-0053	11-0303001	501(C)3	51,537.	0	N/A	N/A.	Donor-Advised Fund distribution for general support
Florence Crittenton Services of Colorado - 55 South Zuni Street Denver CO 80223-1208	84-0429686	501(C)3	5,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
l H 📑 📑	84-0772672	501(0)3	15,000.	0	N/A		Children's food distribution program
1 8 8 7	84-1068936	501(C)3	20,750.	0		/A	Donor-Advised Fund distribution for general support
Gateway Battered Women's Services P.O. Box 914 Aurora, CO 80040	84-0815774	501(C)3	10,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Girls Athletic Leadership Schools 200 S. University Blvd. Denver, CO 80209	26-0784148	501(c)3	20,250.	о — х	N/A	N/A	Donor-Advised Fund distribution for general support
							Schedule I (Form 990)

Sched	schedule I (Form 990)	Rose Communit	Rose Community Foundation				8	4-0920862	Page 1
Part II	Part II Continuation o	of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and C	Organizations in the U	United States (Sche	dule I (Form 990), Par	t II.)	_	

Part II Continuation of Grants and Other Assistance to Governments	Assistance to G		nizations in the Of	lited States (SCI)	and Organizations in the Officed States (Schedule I (FOIT) 990), Falt III,	(111.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Graland Country Day School 30 Birch Street Denver, CO 80220	84-0402699	501(C)3	25,250.	0	N/A	N/A	Donor-Advised Fund distribution for general support
' 🗀	74-2050021	501(c)3	10,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Harvard Divinity School 45 Francis Avenue Cambridge, MA 02138	04-2103580	501(c)3	5,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Hazon 125 Maiden Lane, Suite 8B New York, NY 10038	13-4087102	501(C)3	113,558.	0	N/A	N/A	Jewish Food movement expansion to Denver area
Hebrew Educational Alliance 3600 S. Ivanhoe St. <u>D</u> enver, CO 80237-1196	84-0447472	501(C)3	13,331.	2.0	N/A	N/A	Mazelfot participation grant
Hillel Academy of Denver 450 S. Hudson St. Denver, CO 80246	84-0430032	501(C)3	5,400.	0	. 0 . A. N. A.	N/A	MazelTot participation grant
, · .	52-1758791	501(C)3		c c			Live On III: Build Your Jewish Legacy Initiative & Endowment Challenge Distribution
in F lerma	84-1455282	501(C)3	5,400	0	N/A	N/A	Motivational Interviewing training materials
Jewish Community Foundation 300 S. Dahlia Street, Suite 300 Denver, CO 80246	84-0528994	501(C)3	12,000.	0.N/A		N/A	Live On III: Build Your Jewish Legacy Initiative
							Schedule I (Form 990)

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distribution for general distribution for general distribution for general Jewish educator training distribution for general Challenge Distribution fazelTot participation Chopper Topper program (h) Purpose of grant or assistance support & Endowment MazelTot and Jewish Jonor-Advised Fund Conor-Advised Fund Nonor-Advised Fund Jonor-Advised Fund ectureship costs earning support support support rant (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation N/A N/A 0.N/A o Ö (e) Amount of assistance 20,000. (d) Amount of cash grant 331 8,000 5,010, 5,369, 18,000 000 9 10,000 9,301 42, (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(c)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 84-0242810 94-2373565 84-0920862 26-0248795 Rose Community Foundation 84-0402701 95-1644024 46-0517841 48-1278664 84-6038681 (b) EIN Jewish Family Service of San Diego Jewish Family Service of Colorado South Cherry Street, Suite 1200 Memorial Lectureship Fund - 600 3201 S. Tamarac Dr., Ste 200 2465 S. Downing St., Ste 210 (a) Name and address of organization or government Kenneth R. Gottesfeld, M.D. Ste 107 Kids in Need of Dentistry 4000 East Quincy Avenue Jamaica Plain, MA 02130 Link Hands for Humanity Denver, CO 80210-5822 Englewood, CO 80110 San Diego, CA 92123 8804 Balboa Avenue Kent Denver School Santa Fe, NM 87594 3030 E. 2nd Ave., Schedule I (Form 990) Judaism Your Way CO 80206 Denver, CO 80204 Denver, CO 80231 284 Amory Street Denver, CO 80222 Limmud Colorado P.O. Box 32536 PO Box 22204 Denver, Keshet

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Schedule (Form 990) Rose Community Foundation	/ Foundation						84-0920862 Page 1
(a) Name and address of coganization or government of coganization or government (b) EIN (c) IRC section or government (d) Amount of cash grant (e) Amount of cash grant (f) Method of ((b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACC - Mizel Arts & Culture Center 350 S. Dahlia St. Denver, CO 80246	31-1494423	501(C)3	23,460.	* 0	N/A	W/A	Live On III & Mazel Tot
Madison Public Library Foundation 201 w. Mifflin Street Madison, WI 53703	39-1777242	501(C)3	12,500.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Metro Organizations for People 1980 Dahlia Street Denver, CO 80220	84-0753677	501(C)3	24,250.	0	N/A		Extended Learning & Equity in Denver Public Schools.
Mile High United Way 2505 18th St. Denver, CO 80211	84-0404235	501(C)3	2000	0		N/A	Denver's Road Home
NARAL Pro-Choice Colorado Foundation - 1905 Sherman St., Ste 800 - Denver. CO 80203	84-6050191	501(C)3			N/A	N/A	Donor-Advised Fund distribution for general support
New Israel Fund 330 7th Ave., 11th floor New York, NY 10001-5010	94-2607722	501(0)3	2,000	C	N/A	N/A	Donor-Advised Fund distribution for general support
Office of the Governor, State of Colorado - 136 State Capitol - Denver, CO 80203	84-0644739	501(c)3				N/A	Grantwriting Assistance
Padres & Jovenes Unidos 3025 W. 37th Ave., Ste 206 Denver, CO 80211-2785	84-1426652	501(C)3	24,250.	0	N/a	N/A	Extended Learning & Effectiveness in middle schools
Pathfinders P.O. Box 11799 Aspen, CO 81612	20-1710899	501(C)3	10,000.	0	0.N/A	N/A	Donor-Advised Fund distribution for general support
							Schedule I (Form 990)

Schedule (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	v Foundation Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	edule I (Form 990), Pa		84-0920862 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Peace Winds America 2517 Eastlake Avenue East, Suite 1 Seattle, WA 98102	26-3744952	501(C)3	6,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Planned Parenthood of the Rocky Mountains - 7155 E, 38th Ave Denver, CO 80207	84-0404253	501(C)3	8,750.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Project PAVE 2051 York Street Denver, CO 80205	84-1031533	501(c)3	9,600.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Ramah in the Rockies 5600 S. Quebec St., Suite 250-C Greenwood Village, CO 80111	20-4078988	501(C)3	9,196,	0	0.N/A	N/A	Outdoor adventure program
Raymond Wentz Foundation PO Box 9039 Denver, CO 80209	27-0029283	501(c)3	5,000.	Ö	N/A	N/A	Donor-Advised Fund distribution for general support
Robert E. Loup Jewish Community Center - 350 S. Dahlia St Denver, CO 80246	84-0404245	501(C)3	239,820.	0	N/A	N/A	JCC Ranch Camp, Mazel Tot, & Endowment Challenge Distribution
Rocky Mountain Children's Health Foundation - 1719 East 19th Avenue, Suite 574 - Denver, CO 80218	26-3839761	501(c)3	20,000.	0	N/A	N/A	Mothers' Milk Bank

Donor-Advised Fund and other support for pgm

Direct services for

victims of human trafficking

15,052,

501(C)3

84-1565542

co 80030

211 - Westminster,

Rocky Mountain Immigrant Advocacy Network - 3489 W, 72nd Ave., Ste. 150,375.

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600 South Cherry Street, Suite 120

Rose Foundation

Denver, CO 80246

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Schedule (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments	/ Foundation Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		84-0920862 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpòse of grant or assistance
SafeHouse Denver 1649 Downing Street Denver, CO 80218	84-0745911	501(C)3	10,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Safehouse Progressive Alliance for Nonviolence - 835 North Street - Boulder, CO 80304	74-2145368	501(C)3	10,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Samuel A. Fryer Yavneh Hebrew Academy - 5353 W. 3rd Street - Los Angeles, CA 90020	95-2117190	501(0)3	5,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
9	06-0726487	501(0)3	6 000.	0	Y/N	4/N	Donor-Advised Fund distribution for general support
Shalom Cares 14800 B. Belleview Dr. Aurora, CO 80015	74-2376546	501(C)3	49,121,	· •	N/A	N/A	Donor-Advised Fund distribution for general support & Endowment Challenge Distribution
Spring Institute for Intercultural Learning - 1610 Emerson Street - Denver, CO 80218-1412	84-0788093	501(c)3	37,000.	0	N/A	N/A	Boomers Leading Change in Health Engagement
St. John's Foundation P.O. Box 428 Jackson, WY 83001	83-0325788	501(C)3	10,000.	0	M/A	N/A	Pediatric Audiology Project
Stepping Stones 300 S. Dahlia, #101 Denver, CO 80246	84-1159555	501(C)3	13,900.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Teach for America 1391 Speer Blvd., Suite 710 Denver, CO 80204	13-3541913	50 <u>1</u> (C)3	25,000,	0	M/A	N/A	Donor-Advised Fund distribution for general support

schedule I (Form 990) Rose Community Foundation	84-0920862	Page 1
art II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I		

(a) Name and address of corganization or government (b) EIN (c) IRC section or ganization or government (d) EIN (f) applicable cash grant assistance (book, FMV, appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple Emanuel 51 Grape Street Denver, CO 80220	84-0402688	501(C)3	212,294.	0	N/A	N/A	MazelTot participation, Live On III, Camp, & Endowment Challenge Distribution
Temple Micah 2600 Leyden St. Denver, CO 80207	84-0520999	501(C)3	11,500.	0.0	N/A	N/A	Mazelfot participation & Donor-Advised Fund distribution for general support
Temple Sinai 3509 S. Glencoe St. Denver, CO 80237	84-0576985	501(c)3	32,250.	0	N/A	N/A	MazelTot participation, Live On III, & Endowment Challenge Distribution
The Bridge Project, University of Denver - 2148 South High Street - Denver, CO 80208	84-0404231	501(C)3	20,500.	0	N/A	N/A	Donor-Advised Fund distribution for general support
The Center for African American Health - 3601 Martin Luther King Blvd Denver, CO 80205	84-1477546	501(C)3	32,000.	0.0	N/A	N/A	Boomers Leading Change in Health Engagment
The Church of Jesus Christ of Latter-Day Saints - 999 E. Tufts Avenue - Englewood, CO 80113	23-7300405	501(C)3	.56,500.	0	N/A	N/A	Donor-Advised Fund distribution for general support
The Denver Center for Crime Victims - P.O. Box 18975 - Denver, CO 80218	74-2458153	501(C)3	10,729.	0	N/A	N/A	Services for human trafficking victims
The Flahive Group, LLC 624 Lafayette Street Denver, CO 80218	37-1619997	501(C)3	9,306.	N. 0	Æ	N/A	State of Colorado grantwriting assistance
The Jewish Experience 350 South Dahlia Street Denver, CO 80246	84-1530357	501(C)3	15,000.	0.0	N/A	N/A	Live On III

84-0920862 Page 1	
tion	se to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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Schedule i (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments	Foundation Assistance to Go		nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		84-0920862 Page 1
(a) Name and address of organization or government	(e)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Jewish Federation of Greater Los Angeles - P.O. Box 54269 Terminal Annex - Los Angeles, CA 90054-0269	95-1643388	501(c)3	10,000.	N*0	N/A	N/A	Donor-Advised Fund distribution for general support
The Women's Foundation of Colorado 1901 E. Asbury Ave. Denyer, CO 80208	84-1039305	501(C)3	8,500	0	N/A	N/A	Donor-Advised Fund distribution for general support
Tides P.O. Box 29907 San Francisco, CA 94129-0907	94-3213100	501(C)3	15,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
University of California San Diego Foundation - 9500 Gilman Drive, #502 - La Jolla, CA 92093-0502	95-2872494	501(C)3	7,500,	0	N/A	N/A	Donor-Advised Fund distribution for general support
University of Colorado at Denver, School of Public Affairs - 1380 Lawrence St., Ste. 1300 - Denver, CO 80204	84-0800831	501(C)3	10,000,	M° 0	N/A	N/A	Center on Domestic Violence
University of Colorado Foundation 4740 Walnut St., Campus Box 57 Denver, CO 80203	84-6049811	501(C)3		0	N/A	N/A	Donor-Advised Fund distribution for general support
University of Wisconsin Foundation 1848 University Avenue Madison, WI 53726-4090	39-0743975	501(C)3	10,000.	М. 0	N/A	N/A	Donor-Advised Fund distribution for general support
Urban Peak 730 21st Street Denyer, CO 80205	84-1212246	501(C)3	27,000.	N. 0	N/A	N/A	Donor-Advised Fund distribution for general support
Westside Kollel 1453 S. Robertson Blvd. Los Angeles, CA 90035	42-1548771	501(C)3	5,000.	N. 0	.N/A	N/A	Donor-Advised Fund distribution for general support
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Schedule I (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	v Foundation Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Pa		84-0920862 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wilshire Boulevard Temple 3663 Wilshire Blvd. Los Angeles, CA 90010-2798	95-1691339	501(C)3	6,800	0.0	N/A	N/A	Donor-Advised Fund distribution for general support
Women Donors Network 565 Commercial Street, Suite 300 San Francisco, CA 94111	05-0542397	501(C)3	11,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Women's Health 2855 Valmont Road Boulder, CO 80301-1374	84-0645786	501(C)3	20,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
Yeshiva Toras Chaim P.O. Box 40067 Denyer, CO 80204	84-0576800	501(C)3	16,024.	0	N/A	N/A	Live On III & Endowment Challenge Distribution
YouthBiz 3280 Downing Street, Suite C Denver, CO 80205	84-1212586	501(c)3	10,000	N. 0	N/A	N/A	Donor-Advised Fund distribution for general support
YouthZone 803 School Street Glenwood Springs, CO 81601	84-0712993	501(C)3	10,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
B'nai Havurah 6445 E. Ohio Ave. Denver, CO 80224	23-7189650	501(C)3	20,410.	N. 0	N/A	N/A	Endowment Challenge Distribution
Center for Judaic Studies, University of Denver - 2000 E. Asbury St, Suite 157 - Denver, CO 80208	84-0404231	501(C)3	25, 209,		N/A	N/A	Endowment Challenge Distribution
Mizel Museum 400 s. Kearney St. Denver, CO 80224	84-1158943	501(c)3	180,892.	N. 0	N/A	N/A	Endowment Challenge Distribution Schedule I (Form 990)

Schedule (Form 990) Rose Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	/ Foundation Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sch	edule I (Form 990), Pa		84-0920862 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Colorado Foundation Cavity Free at Three - 13001 E. 17th Place - Denver, CO 80045	84-6000555	501(C)3	400,000.	0.	N/A	N/A	Agency Fund Distribution
Denver Public Schools Foundation 900 Grant Street, Suite 503 Denver, CO 80203	84-1224325	501(c)3	58,418.	• 0	N/A	N/A	Endowment Distribution
University of Colorado, Kern Foundation - 1800 Grant Street, Suite 725 - Denver, CO 80203	84-6049811	501(C)3	19,549.	O	N/A	N/A	Endowment Distribution
							Schedule I (Form 990)

Schedule I (Form 990) (2011) Rose Community Foundation	ion				84-0920862 Page 2
r Assist plicated	iited States. Com	plete if the organiza	ition answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Colorado Jewish Early Childhood Education	r	. n	c		
initiative.		· # 60 / C			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
Schedule I, Part I, Line 2: In order to monitor the use of		grant funds, the			
Foundation may require interim and/or final reports to be	- 1	submitted by the			
grantee, has frequent communication with the grantee organizations.	e organizatio	ns, and in			
some instances will do site visits if deemed necessary.	sary.				
				i i	
132102 01-27-12					Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Rose Community Foundation

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions.

Employer identification number

84-0920862

b	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		Yes	No
b	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			
	First-class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees			
	Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
				1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations x Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
C		_4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	:		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			1
а	The organization?	5a		Х
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	:		
_	contingent on the net earnings of:			
a	The organization?	6a		X
D	Any related organization?	6b		X
7	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
8	not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	X	<u> </u>
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		X
Ð	Regulations section 53 4958-6(c)?	_		

Rose Community Foundation

Schedule J (Form 990) 2011 Rose Communi

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(2)	ê	(9)	(£)
		(a)			Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(D)(B)	reported as deferred in prior Form 990
	€	105,600.	0	0	7.481.	4,332.	117,413.	0.
1 Sheila Bugdanowitz	(ii)	165,100.	0	0	11,696.	6,773.	183,569.	0
	Θ	54,717.	2,029	0	4,744.	4,371.	65,861.	0
2 Anne Garcia	(II)	85.548.	3,171,	0.	7,417.	6,833.	102,969.	0
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4	€							
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	Θ							
ဖ	(ii)							
	Ξ							
7	(II)							
	Ξ							
88	(ii)							
	Θ							
6	Ξ							
	(1)							
10	(ii)							
	Ξ							
11	(E)							
	Ξ					-		
12	(3)							
	Ξ							
13	(ii)							
	Ξ							
14	Ξ							
	€							
15	₿				-			
	Ξ							
16	≘							

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 Rose Community Foundation	84-0920862	Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part II. Also complete this part for any	
Part I, Line 7: Anne Garcia, CFO, received a bonus of \$5,200 in 2011.	7	
		1
	Schedule J (Form 990) 2011	90) 2011

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization Employer identification number Rose Community Foundation 84-0920862 Form 990, Part VI, Section A, line 2: Sheila Bugdanowitz, President & CEO, Anne Garcia, Treasurer, CFO & COO and Margie Gart, Director of Philanthropic Services are officers and employees of Rose Foundation, the supporting organization of Rose Community Foundation Form 990 Part VI Section B, line 11: The Form 990, including all required schedules, is provided to the Board of Trustees (all of which are voting members) prior to being filed with the IRS. The Foundation asks the members to submit any questions or comments regarding the Form 990 by the date the return is to be filed The Foundation's Form 990 is prepared by an independent CPA firm and the Foundation conducts a thorough review of the return prior to being filed with the IRS. The CFO and staff perform a detail review of all amounts and disclosures in the return and then present an overview of the return to the President & CEO and the Audit Committee. The return will be amended if any changes are deemed necessary as a result of this process Form 990, Part VI, Section B, Line 12c: A detailed, written description of each conflict of interest and the procedures followed to clear the conflict are provided semi-annually to the Audit Committee for review. On an annual basis, the Audit Committee makes a report to the Board of Trustees with respect to all the current and material actual or potential conflicts of interest known to them and of any actions that have been taken or that they recommend be taken to ensure compliance with this policy

2,464,661.

Total to Form 990, Part XI, Line 5

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization Rose Community Foundation	Employer identification number 84-0920862
	04~05Z000Z
The Foundation's Audit Committee assumes the responsibility for	
oversight of the audit of its financial statements and the selection of	
an independent accountant. This process has not changed from prior	
years,	
Form 990, Part I, Line 6:	
The Foundation's activities are guided by a large number of volunteer	
community leaders who serve as trustees and committee members. The	
trustees provide stewardship for the Foundation's resources and set	
policy to ensure consistency with the Foundation's mission. Every	
trustee also serves on one or more committees, where they are joined by	
other issue experts and community leaders whose responsibilities	
include decisions on funding requests, fiscal oversight and donor	
outreach.	
•	
	•

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▼ Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Inspection

parate man uchons.

Employer identification number

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 84-0920862 End-of-year assets <u>@</u> Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity 3 Rose Community Foundation Name, address, and EIN of disregarded entity Part II Parti

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	2(b)(13) lled
		ioreign country)		501(c)(3))		Yes	8
				Line 11a,			
rantm	Grantmaking	Colorado	501(c)(3)	Type II	N/A	×	
uppor"	Supports medical research						
deve]	& development (ceased			Line 11a,			
operations)		Colorado	501(c)(3)	Type I	N/A	×	
					: :		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

132161 01-23-12 LHA Page 2

84-0920862

Schedule R (Form 990) 2011 Rose Community Foundation

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name address, and EIN	(b) Primary activity	(C)	(d) Direct controlling	(e) Predominant income	(f) Share of total		(h) Disproportion-	(i) Code V-UBI		(k) Percentage
		domicile (state or foreign country)		(related, unrelated, excluded from tax under sections 512-514)		5		amount in box 20 of Schedule K-1 (Form 1065)		managing ownership partner?
ted Organi as a corpor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	a Corpor the tax y	ration or Trust (Comear.)	iplete if the organizat	ion answered "Yes"	to Form 990, Par	t IV, line 34	because it had o	ne or mot	e related
(a) Name, address, and EIN of related organization			(b) Primary activity	(C) y Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
Rose Biomedical Development Corporation 600 S. Cherry Street, Suite 1200	oration - 84-1341936		Medical technology research & develorment	Δā.	Rose Biomedical Research	000 CORP				100.00%
						·				
						i :				

Schedule R (Form 990) 2011

84-0920862

Schedule R (Form 990) 2011 Rose Community Foundation

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note Complete line 1 if any antity is listed in Darte II III or IV of this school ule				ľ	V	2
During the tax year, did the organization engage in any of the following transaction	ns with one or more re	re. transactions with one or more related organizations listed in Parts II-IV?	l in Parts II-IV?		3	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		,		12		×
				₽	M	
(S)				2	M	
Loans or loan guarantees to or for related organization(s)				<u> </u>		×
				<u>1</u>		M
* Colo of accept to related organization(c)				*		>
Joans of assets to Teraigo organization(s)				•		4
g Purchase of assets from related organization(s)				5	1	×
h Exchange of assets with related organization(s)				=		×
i Lease of facilities, equipment, or other assets to related organization(s)		•••••••••••••••••••••••••••••••••••••••		ij		×
:						\$
Leade of tabulates, equipment, or other assets morn related organizations for related organizations to	anization(e)			= =		4 Þ
	anization(s)			=		 ×
	tion(s)			투	M	
n Sharing of paid employees with related organization(s)				-tr	×	
				,		
 Description of the description of the				2		×
p Reimbursement paid by related organization(s) for expenses				9		×
q Other transfer of cash or property to related organization(s)				19		
r Other transfer of cash or property from related organization(s)				+	×	Ī
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) Rose Foundation	щ	150,375,0MV	AWA	!		
(2) Rose Foundation	D	1,277,605.	FMV			
(3)					ļ	1
(4)						
(5)						
(9)						
132163 01-23-12			Schedule	Schedule R (Form 990) 2011) (6)) 11

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity
(state or foreign country)
-

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011 Rose Community Foundation Supplemental Information	84-0920862	Page 5
Part VII			
	Complete this part to provide additional information for responses to questions on Schedule R (see instru	ictions).	
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