

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2010**

**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 2010 calendar year, or tax year beginning** January 1, 2010, **and ending** December 31, 2010

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

**C** Name of organization: Rose Community Foundation  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
600 S. Cherry Street Suite 1200  
 City or town, state or country, and ZIP + 4  
Denver, CO 80246

**D** Employer identification number: 84-0920862

**E** Telephone number: 303.398.7400

**G** Gross receipts \$: 5,036,975

**F** Name and address of principal officer: Anne Garcia  
 Same as C above

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.rcfdenver.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1995 **M** State of legal domicile: CO

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Rose Community Foundation and its principal supporting organization, Rose Foundation, operate with complementary purposes: to sustain the health and well-being of the seven-county Greater Denver community through grantmaking programs, and to expand private philanthropy by offering services to charitable donors.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>16</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>16</u>
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<u>35</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>121</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>4,869,385</u>	<u>3,837,627</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>229,643</u>	<u>255,541</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(345,893)</u>	<u>584,138</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,894,829</u>	<u>4,809,695</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>4,313,545</u>	<u>4,517,655</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>852,492</u>	<u>1,085,380</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>579,549</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>1,582,577</u>	<u>1,237,826</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>6,748,614</u>	<u>6,840,861</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(1,853,785)</u>	<u>(2,031,166)</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>60,516,103</u>	<u>63,569,592</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>34,764,694</u>	<u>37,602,188</u>
			<u>25,751,409</u>	<u>25,967,404</u>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Anne M. Garcia Date: 11-9-11  
 Type or print name and title: ANNE M. GARCIA, CFO + COO

**Paid Preparer Use Only**

Print/Type preparer's name: Suzanne K. Engle Preparer's signature: Suzanne K Engle Date: 11.8.11 Check  if self-employed PTIN: P01375409  
 Firm's name ▶ Kundinger, Corder, & Engle P.C. Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ 475 Lincoln Street, Suite 200 Denver, CO 80203 Phone no. 303.534.5953

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

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

1 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, philanthropy, and nondiscrimination. We value excellence and uphold the highest standards in the pursuit of our mission. We value the trust and respect of the community and continually strive to earn and sustain that trust by consistent & disciplined adherence to our mission.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,784,506 including grants of \$ 4,517,655 ) (Revenue \$ 255,541 )  
Rose Community Foundation's key program achievements in 2010 were in three areas. DONOR DEVELOPMENT: Rose Community Legacy Circle was founded, attracting more than 20 planned gifts. FUND DISTRIBUTIONS: Donor's recommended grants totaled \$1,149,500 to a broad range of community interests. ENDOWMENT SERVICES: Two new nonprofit endowment funds were established and the Foundation paid out \$1,379,000 to local nonprofit organizations who have established permanent endowments and designated funds at the Foundation.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Rose Foundation (EIN #84-0418124), a supporting organization of Rose Community Foundation, makes grants in five primary issue areas within the seven-county Denver community. A total of \$9,358,816 in unrestricted funds was awarded in 2010 as follows: AGING- \$1,607,000 to support services for older adults, including transportation, direct services, and end-of-life care; CHILD & FAMILY DEVELOPMENT- \$1,801,237 to support early childhood development and education, family self-sufficiency and related public policy efforts; EDUCATION- \$1,510,500 to improve K-12 teacher quality and support systemic change aimed at closing education achievement gaps; HEALTH- \$1,642,257 to support access to care, cost-effectiveness in health care, health policy initiatives and primary prevention; JEWISH LIFE- \$2,797,822 to help strengthen connections between individuals and the Jewish community, promote Jewish growth and learning, strengthen organizations and develop leaders. (For informational purposes only- activity is not included in the Rose Community Foundation Form 990.)

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses ▶ 5,784,506

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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 credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <i>Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see Instructions)</i>		
20b			

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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		X
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	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, sub-part number, and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
Anne Garcia - 303-398-7400
600 South Cherry Street, No. 1200, Denver, CO 80246

**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

**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.
- 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Scott L. Levin Chair	1.00	X		X				0.	0.	0.
Milroy A. Alexander Trustee	1.00	X						0.	0.	0.
Jennifer Atler Fischer Trustee	1.00	X						0.	0.	0.
Dori Biester, Ph. D. Trustee	1.00	X						0.	0.	0.
Stephanie Foote Trustee	1.00	X						0.	0.	0.
Jean Galloway Trustee	1.00	X						0.	0.	0.
Marjorie Gart Trustee	1.00	X						0.	0.	0.
Jerrold L. Glick Trustee	1.00	X						0.	0.	0.
Douglas L. Jones Trustee	1.00	X						0.	0.	0.
Helayne B. Jones, Ed. D. Trustee	1.00	X						0.	0.	0.
Rob Klugman Trustee	1.00	X						0.	0.	0.
Evan Makovsky Trustee	1.00	X						0.	0.	0.
Ronald E. Montoya Trustee	1.00	X						0.	0.	0.
Neil Oberfeld Secretary	1.00	X		X				0.	0.	0.
Dean Prina, M.D. Trustee	1.00	X						0.	0.	0.
Irit Waldbaum Trustee	1.00	X						0.	0.	0.
Sheila Bugdanowitz President & CEO	7.00			X				94,497.	179,963.	14,344.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Anne Garcia Treasurer, CFO & COO	7.00			X				46,150.	87,890.	20,648.
Phil Nash VP for Communications	7.00			X				24,596.	46,841.	10,600.
Lisa Farber-Miller Senior Program Officer	0.00					X		0.	110,281.	15,868.
Elsa Holguin Senior Program Officer	1.00					X		0.	120,529.	18,202.
Phil Gonring Senior Program Officer	1.00					X		0.	104,959.	17,862.
<b>1b Sub-total</b>								165,243.	650,463.	97,524.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								165,243.	650,463.	97,524.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,618.				
	d Related organizations	1d	329,942.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,504,067.				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>		<b>3,837,627.</b>				
Program Service Revenue	2 a Administrative fees	Business Code 561000	255,541.	255,541.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>255,541.</b>				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		399,593.			399,593.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ 3,618. of contributions reported on line 1c). See Part IV, line 18		a		4,632.			
		b Less: direct expenses	b	4,632.			
		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		355,037.				
	b Less: cost of goods sold	b	222,648.				
	c Net income or (loss) from sales of inventory		132,389.			132,389.	
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions.</b>			<b>4,809,695.</b>	<b>255,541.</b>	<b>0.</b>	<b>716,527.</b>	

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,515,052.	4,515,052.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,603.	2,603.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,927.	20,232.	45,981.	117,714.
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	732,862.	376,615.	100,069.	256,178.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,390.	11,552.	5,573.	14,265.
9 Other employee benefits	82,441.	37,757.	12,552.	32,132.
10 Payroll taxes	54,760.	22,592.	9,036.	23,132.
11 Fees for services (non-employees):				
a Management				
b Legal	867.		867.	
c Accounting	31,200.		31,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	61,472.		61,472.	
g Other	27,013.	6,661.	5,717.	14,635.
12 Advertising and promotion				
13 Office expenses	58,290.	4,956.	24,499.	28,835.
14 Information technology				
15 Royalties				
16 Occupancy	85,724.	9,430.	21,431.	54,863.
17 Travel	32,804.	1,073.	12,193.	19,538.
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	9,661.		9,661.	
23 Insurance	12,940.	1,423.	3,235.	8,282.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Other Pgm. Initiatives	771,206.	771,206.		
b Administrative Fees	102,051.		102,051.	
c Communications	44,598.	3,354.	31,269.	9,975.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,840,861.	5,784,506.	476,806.	579,549.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1	Cash - non-interest-bearing .....	4,297,420.	1	3,794,202.	
	2	Savings and temporary cash investments .....	15,042.	2		
	3	Pledges and grants receivable, net .....	1,398,402.	3	1,311,317.	
	4	Accounts receivable, net .....	737,489.	4	583,753.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions) .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....	41,970.	8	34,382.	
	9	Prepaid expenses and deferred charges .....	30,507.	9	73,884.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	443,961.		
	b	Less: accumulated depreciation .....	10b	388,311.	10c	55,650.
	11	Investments - publicly traded securities .....			11	
	12	Investments - other securities. See Part IV, line 11 .....	53,810,121.	12	57,060,175.	
	13	Investments - program-related. See Part IV, line 11 .....			13	
	14	Intangible assets .....			14	
	15	Other assets. See Part IV, line 11 .....	119,840.	15	656,229.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	60,516,103.	16	63,569,592.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	1,377,537.	17	1,239,591.	
	18	Grants payable .....	183,783.	18	807,890.	
	19	Deferred revenue .....		19		
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23		
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities. Complete Part X of Schedule D .....	33,203,374.	25	35,554,707.	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	34,764,694.	26	37,602,188.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets .....	20,418,361.	27	20,760,329.	
	28	Temporarily restricted net assets .....	5,042,828.	28	4,916,855.	
	29	Permanently restricted net assets .....	290,220.	29	290,220.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	Total net assets or fund balances .....	25,751,409.	33	25,967,404.		
34	<b>Total liabilities and net assets/fund balances</b> .....	60,516,103.	34	63,569,592.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,809,695.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,840,861.
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,031,166.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,751,409.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,247,161.
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	25,967,404.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,501,493.	20,713,610.	14,676,087.	4,869,385.	3,837,627.	51,598,202.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	7,501,493.	20,713,610.	14,676,087.	4,869,385.	3,837,627.	51,598,202.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,173,772.
6 Public support. Subtract line 5 from line 4.						45,424,430.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	7,501,493.	20,713,610.	14,676,087.	4,869,385.	3,837,627.	51,598,202.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	775,135.	914,752.	159,585.	223,437.	399,593.	2,472,502.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10 .....						54,070,704.
12 Gross receipts from related activities, etc. (see Instructions) .....					12	3,333,246.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	84.01	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	82.74	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



Name of organization  Rose Community Foundation	Employer identification number  84-0920862
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 96,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 329,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 81,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  Rose Community Foundation	Employer identification number  84-0920862
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 167,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 523,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 124,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 165,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  Rose Community Foundation	Employer identification number  84-0920862
---	--

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 115,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Rose Community Foundation

84-0920862

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9		\$ 498,450.	12/20/10
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization <b>Rose Community Foundation</b>	Employer identification number <b>84-0920862</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ See separate instructions.

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 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Rose Community Foundation Employer identification number 84-0920862

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  If the filing organization belongs to an affiliated group.  
 B Check  If the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	6,261,312.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,261,312.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	463,066.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess 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	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess 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	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	115,767.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the Instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	426,037.	408,850.	467,896.	463,066.	1,765,849.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,648,774.
c	Total lobbying expenditures		8,973.	0.		8,973.
d	Grassroots nontaxable amount	106,509.	102,213.	116,974.	115,767.	441,463.
e	Grassroots ceiling amount (150% of line 2d, column (e))					662,195.
f	Grassroots lobbying expenditures		8,973.	0.		8,973.

**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)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Raffles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization Rose Community Foundation Employer Identification number 84-0920862

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	46	
2 Aggregate contributions to (during year) .....	1,758,164.	
3 Aggregate grants from (during year) .....	912,057.	
4 Aggregate value at end of year .....	20,536,190.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
- Preservation of land for public use (e.g., recreation or education)
  - Protection of natural habitat
  - Preservation of open space
  - Preservation of an historically important land area
  - Preservation of a certified historic structure
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	468,540.	452,220.	556,220.		
b Contributions					
c Net investment earnings, gains, and losses	37,823.	89,829.	<99,000.		
d Grants or scholarships	50,886.	73,509.	5,000.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	455,477.	468,540.	452,220.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(I) unrelated organizations		X
(II) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,200.		45,200.
b Buildings				
c Leasehold improvements		27,307.	20,108.	7,199.
d Equipment				
e Other		371,454.	368,203.	3,251.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				55,650.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) Investments held by Rose Foundation	57,060,175.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	57,060,175.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Charitable remainder annuity trust	22,666.
(3) Agency and other funds held on behalf of others	35,532,041.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	35,554,707.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The Foundation holds endowment and other funds on behalf of others. Distributions from these funds provide operating support for the activities of the endowed nonprofit organizations. As such, these funds provide long term financial support to supplement the organizations' annual fundraising efforts.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Rose Community Foundation

Employer identification number  
84-0920862

**Part I** General Information on Grants and Assistance

**1** 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 criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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.

1 (a) Name and address of organization or government	(b) EIN	(c) (RC 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
Ah Haa School for the Arts P.O. Box 1590 Telluride, CO 81435	23-2594045	501(C)3	42,500.	0. N/A	N/A		Donor-Advised Fund distribution for general support
Allied Jewish Federation of Colorado - 300 S. Dahlia St. - Denver, CO 80246	84-0404662	501(C)3	65,250.	0. N/A	N/A		Donor-Advised Fund distribution for general support
Alumni of the Rabbinical College Knesseth Israel of Slabodka Kowno - 169 Parkville Ave. - Brooklyn, NY 11230	13-5600406	501(C)3	5,000.	0. N/A	N/A		Donor-Advised Fund distribution for general support
American Friends of Darche Noam 226 Smith Street Woodmere, NY 11598	11-2694906	501(C)3	5,000.	0. N/A	N/A		Donor-Advised Fund distribution for general support
American Jewish Committee 950 S. Cherry St., Ste 418 Denver, CO 80246	13-5563393	501(C)3	7,500.	0. N/A	N/A		Live On II: Build Your Jewish Legacy Initiative
American Jewish World Service 45 W. 36th Street, 10th floor New York, NY 10018-7904	22-2584370	501(C)3	16,000.	0. N/A	N/A		Donor-Advised Fund distribution for general support

**2** Enter total number of section 501(c)(3) and government organizations 103.

**3** Enter total number of other organizations 1.

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 Red Cross 444 Sherman Street Denver, CO 80203	53-0196605	501(C)3	5,500.	0. N/A			Donor-Advised Fund distribution for general support
Anti-Defamation League 1120 Lincoln Street, Suite 1301 Denver, CO 80203-2140	13-1818723	501(C)3	15,000.	0. N/A			DAP distribution for gen support & Live On II Initiative
B'nai Havurah - CJRF 6445 E. Ohio Ave. Denver, CO 80224-1459	23-7189650	501(C)3	7,500.	0. N/A			Live On II: Build Your Jewish Legacy Initiative
Bayaud Enterprises 333 W. Bayaud Ave. Denver, CO 80223	84-0616970	501(C)3	5,000.	0. N/A			Roots and Branches Initiative distribution
Beth Jacob Congregation 9030 W. Olympic Blvd. Beverly Hills, CA 90211	41-1525206	501(C)3	10,000.	0. N/A			Donor-Advised Fund distribution for general support
BMH-BJ Congregation 560 S. Monaco Pkwy Denver, CO 80224	84-0412568	501(C)3	9,277.	0. N/A			MazelTot Initiative and Endowment Challenge distribution
Boulder Aish Kodesh 1805 Balsam Ave. Boulder, CO 80304	84-1345073	501(C)3	8,500.	0. N/A			Roots and Branches Initiative distribution
Boulder Jewish Community Center 3800 Kalmia Ave. Boulder, CO 80301	84-1322996	501(C)3	14,976.	0. N/A			Jewish Early Childhood Edu & MazelTot Initiatives
Bridgeway 83 S. Union Blvd., Suite 204 Lakewood, CO 80228	84-1044840	501(C)3	10,000.	0. N/A			Donor-Advised Fund distribution for general support

LHA

Schedule I (Form 990)

(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
Byrne Urban Scholars 720 S. Colorado Blvd., Suite 450-S Denver, CO 80246	84-1280659	501(C)3	20,000.	0. N/A		DAF distribution mentoring case mgmt and academic tutoring	
Capital of Texas Public Telecommunications Council - P.O. Box 7158 - Austin, TX 78713-7158	75-7126612	501(C)3	5,000.	0. N/A		Donor-Advised Fund Distribution for general support	
Catholic Charities 4045 Pecos Street Denver, CO 80211	84-0686679	501(C)3	6,720.	0. N/A		Rose Youth Foundation Distribution	
Center for Work Education and Employment - 1175 Osage St., Ste 300 - Denver, CO 80204	74-2202303	501(C)3	5,000.	0. N/A		DAF distribution mentoring case mgmt and academic tutoring	
Chabad Jewish Center of Longmont 195 S. Main Street, Suite 4 Longmont, CO 80501	20-4883981	501(C)3	5,945.	0. N/A		MazelTot Initiative	
Chabad Jewish Center of South Metro Denver - 9950 Lone Tree Pkwy - Lone Tree, CO 80124	20-0285036	501(C)3	11,700.	0. N/A		MazelTot Initiative	
Chai LifeLine 9701 W. Pico Blvd., #120 Los Angeles, CA 90035	11-2940331	501(C)3	5,000.	0. N/A		Donor-Advised Fund Distribution for general support	
Colorado "I Have A Dream" Foundation - 1836 Grant Street - Denver, CO 80203	74-2497109	501(C)3	20,000.	0. N/A		DAF distribution for tutoring and mentoring program	
Colorado African Organization 6795 E. Tennessee Ave., Suite 250 Denver, CO 80224	30-0262458	501(C)3	8,500.	0. N/A		Rose Youth Foundation Distribution for Befriender Services Prog	

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Schedule I (Form 990)

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.)							
(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
Colorado Agency for Jewish Education - 300 S. Dahlia St., Ste 101 - Denver, CO 80246	84-0735278	501(C)3	91,500.	0.	N/A	N/A	DAF distribution and Live On II and JECEI Initiatives
Colorado CASA 1490 Lafayette Street, #104 Denver, CO 80218-2392	84-1257398	501(C)3	20,000.	0.	N/A	N/A	DAF distrib. for CASA metro programs
Colorado Consumer Health Initiative - 1535 Wynkoop St #101 - Denver, CO 80202	84-1145452	501(C)3	199,210.	0.	N/A	N/A	ELCIH- Boomers Leading Change in Health Initiative
Colorado Criminal Justice Reform Coalition - 1212 Mariposa Street, Suite 6 - Denver, CO 80204	84-1449882	501(C)3	5,000.	0.	N/A	N/A	Getting on After Getting Out: A Re-entry Guide For Colorado
Colorado Nonprofit Development Center - 4130 Tejon, Suite A - Denver, CO 80211	84-1493585	501(C)3	738,206.	0.	N/A	N/A	DAF distribution and ELCIH and Getting There Collaborative Initiative
Community Health Services 4675 E. 69th Avenue Commerce City, CO 80022	84-0799374	501(C)3	30,000.	0.	N/A	N/A	Restricted fund Distribution for general operating support
Community Partners 1000 N. Alameda, St., Ste 240 Los Angeles, CA 90012	95-4302067	501(C)3	5,000.	0.	N/A	N/A	Donor-Advised Fund Distribution for general support
Congregation Beth Evergreen P. O. Box 415 Evergreen, CO 80437-0415	84-1012915	501(C)3	7,500.	0.	N/A	N/A	Live On II: Build Your Jewish Legacy Initiative
Congregation Beth Mechachem of Glovev - 5801 15th Avenue - Brooklyn, NY 11219 LHA	11-2938700	501(C)3	7,200.	0.	N/A	N/A	Donor-Advised Fund Distribution for general support

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
Denver Academy of Torah 6825 E. Alameda Ave. Denver, CO 80224-1363	84-1187080	501(C)3	11,000.	0. N/A	N/A		Live On II: Build Your Jewish Legacy and MazelPot Initiatives
Denver Area Youth Services 1530 W 13th Ave Denver, CO 80204	74-2239861	501(C)3	10,000.	0. N/A	N/A		DAF distribution Kearney Street Transition Pgm
Denver Community Kollel 1516 Xavier St., Ste 301 Denver, CO 80204	84-1520391	501(C)3	7,806.	0. N/A	N/A		Live On II: Build Your Jewish Legacy Initiative
Denver Health Foundation 655 Broadway, Suite 750 Denver, CO 80203	84-1085196	501(C)3	241,100.	0. N/A	N/A		ALCIH- Boomers Leading Change in Health Initiative & Rest. Fund Distribution
Denver Jewish Day School 2450 S. Wabash St. Denver, CO 80231	84-1476467	501(C)3	8,500.	0. N/A	N/A		Live On II: Build Your Jewish Legacy Initiative and DAF Distribution
Denver Public Schools Office of Post-Secondary Readiness - 900 Grant Street, Room 711 - Denver, CO 80203	84-6001099	501(C)3	10,493.	0. N/A	N/A		RYF Initiative Distribution for Student Leadership Network
Florence Crittenton Services of Colorado - 55 South Zuni Street - Denver, CO 80223-1208	84-0429686	501(C)3	31,525.	0. N/A	N/A		DAF distribution and Roots and Branches Initiative distribution
Girls Athletic Leadership Schools 200 S. University Blvd. Denver, CO 80209	26-0784148	501(C)3	10,000.	0. N/A	N/A		Donor-Advised Fund Distribution for general support
Graland Country Day School 30 Birch Street Denver, CO 80220	84-0402659	501(C)3	31,000.	0. N/A	N/A		Donor-Advised Fund Distribution for general support

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
Harvard Divinity School 45 Francis Avenue Cambridge, MA 02138	04-2103580	501(C)3	15,000.	0. N/A			Donor-Advised Fund Distribution for general support
Hazon 125 Maiden Lane, Suite 8B New York, NY 10038	13-4087102	501(C)3	80,590.	0. N/A			Creation of Hazon DIY program for Jewish High schoolers in Denver
Hebrew Educational Alliance 3600 S. Ivanhoe St. Denver, CO 80237-1196	84-0447472	501(C)3	18,600.	0. N/A			JECERI and MazelRot Initiative Restricted Fund Distribution for grantmaking in greater Denver area
Hispanics in Philanthropy 55 Second Street, Suite 1500 San Francisco, CA 94105	94-3040607	501(c)(3)	155,669.	0. N/A			
Jewish Early Childhood Education Initiative - 6 East 39 Street, 10th Floor - New York, NY 10016	20-1479947	501(C)3	68,525.	0. N/A			Restricted fund Distribution for JECERI
Jewish Family Service of Colorado 3201 S. Tamarac Dr., Ste 200 Denver, CO 80231	84-0402701	501(C)3	65,082.	0. N/A			DAF distributions and Live On II Initiative
Jewish Family Service of San Diego 8804 Balboa Avenue San Diego, CA 92123	95-1644024	501(C)3	5,250.	0. N/A			Donor-Advised Fund Distribution for general support
Jewish Federation Council of Greater Los Angeles - 6505 Wilshire Blvd. - Los Angeles, CA 90048	95-1643388	501(C)3	5,000.	0. N/A			Donor-Advised Fund Distribution for general support
Kent Denver School 4000 East Quincy Avenue Englewood, CO 80110	84-0242810	501(C)3	25,000.	0. N/A			Donor-Advised Fund Distribution for general support

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)							
(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
Kinkennon Communications 125 Elati Denver, CO 80223	86-1065057		8,085.	0. N/A		N/A	Procomp Initiative consulting
Limmud Colorado PO Box 22204 Denver, CO 80222	26-0248795	501(C)3	17,000.	0. N/A		N/A	Roots and Branches Initiative distribution for scholarship and activities
Lowry Family Center 4800 Oakland St., Unit 3 Denver, CO 80239	84-1493585	501(C)3	5,000.	0. N/A		N/A	Roots and Branches Initiative distribution for Family Advocacy Program
Lutheran Family Services of Colorado - 363 South Harlan Street, Suite 200 - Denver, CO 80226-3552	84-0775550	501(C)3	5,000.	0. N/A		N/A	RYF Distribution to support the Women's Workstyles project
MDS Counseling Center 1355 S. Colorado Blvd., C-100 Denver, CO 80223-3310	84-1182130	501(C)3	8,400.	0. N/A		N/A	Donor-Advised Fund Distrib., for Children First program
Mercy Housing Mountain Plains 1999 Broadway, Suite 1000 Denver, CO 80202	20-1583332	501(C)3	5,000.	0. N/A		N/A	RYF Initiative distrib. for Resident Service programs
Metro Volunteers 1355 Colorado Blvd., C-601 Denver, CO 80202	84-0782124	501(C)3	5,000.	0. N/A		N/A	Restricted fund Distribution to cover cost of new database
Mile High Montessori Early Learning Centers - 1780 Marion Street - Denver, CO 80218	84-0617972	501(C)3	10,000.	0. N/A		N/A	Donor-Advised Fund Distribution for general support
Mile High United Way 2505 18th St. Denver, CO 80211	84-0404235	501(C)3	30,000.	0. N/A		N/A	DAF distributions for gen. support and the Bridging the Gap Prog.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
Mizel Museum 400 S. Kearney St. Denver, CO 80224	84-1158943	501(C)3	6,160.	0. N/A		N/A	MazelTot Initiative
NARAL Pro-Choice Colorado Foundation - 1905 Sherman St., Ste 800 - Denver, CO 80203	84-6050191	501(C)3	7,000.	0. N/A		N/A	Donor-Advised Fund Distribution for general support
Nehirim 125 Maiden Ln Rm 8B New York, NY 10038	26-4589025	501(C)3	5,000.	0. N/A		N/A	Roots and Branches Scholarships for Rocky Mtn. Retreat
New Israel Fund 330 7th Ave., 11th floor New York, NY 10001-5010	94-2607722	501(C)3	6,000.	0. N/A		N/A	Donor-Advised Fund Distribution for general support
Project WISE 1301 Kalamath Street Denver, CO 80204	84-1325938	501(C)3	10,000.	0. 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	19,400.	0. N/A		N/A	DAF distribution for gen support and Live On II Initiative
Rocky Mountain Children's Law Center - 1325 S. Colorado Blvd., Suite 308 - Denver, CO 80222	74-2406045	501(C)3	20,000.	0. N/A		N/A	DAF distribution for legal advocacy & client support services
Rose Foundation 600 S. Cherry Street, Suite 1200 Denver, CO 80246	84-0418124	501(C)3	96,000.	0. N/A		N/A	Restricted fund Distribution to support grantmaking
Second Wind Fund of Metro Denver 13701 W. Jewell Ave., Suite 251 Lakewood, CO 80228	26-3899845	501(C)3	20,000.	0. N/A		N/A	Donor-Advised Fund Distribution for program support

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
Shalom Park 14800 E. Belleview Dr. Aurora, CO 80015	74-2376546	501(C)3	5,800.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Stepping Stones c/o Colorado Agency for Jewish Education - 300 S. Dahlia, #101 - Denver, CO 80246	84-1159555	501(C)3	8,500.	0. N/A		N/A	DAF distribution for gen support and Roots and Branches Initiative
Teach for America 1391 Speer Blvd., Suite 710 Denver, CO 80204	13-3541913	501(C)3	25,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Temple Emanuel 51 Grape Street Denver, CO 80220	84-0402688	501(C)3	9,901.	0. N/A		N/A	MazelTot and Live On II initiatives
Temple Sinai 3509 S. Glencoe St. Denver, CO 80237	84-0576985	501(C)3	21,150.	0. N/A		N/A	MazelTot and Live On II initiatives
The Center P.O. Box 9798 Denver, CO 80209	84-0738879	501(C)3	6,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
The Challenge Foundation 4545 S. University Blvd. Englewood, CO 80113	84-1480014	501(C)3	20,000.	0. N/A		N/A	DAF distribution for The Mentoring Program
The Children's Hospital Foundation 13123 E. 16th Avenue, Box 045 Aurora, CO 80045	84-0813452	501(C)3	182,500.	0. N/A		N/A	DAF distribution and restricted fund distribution for Project Climb
The Jewish Federation of Greater Los Angeles - P.O. Box 54269 Terminal Avenue - Los Angeles, CA 90054-0269	95-1643388	501(C)3	27,500.	0. N/A		N/A	Donor-Advised Fund distribution for general support

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
The Preston Robert Tisch Brain Tumor Center - Duke University Medical Center, Box 3624 - Durham, NC 27710	56-0532129	501(C)3	25,000.	0. N/A	N/A		Donor-Advised Fund Distribution for general support
Third Way Center P.O. Box 61385 Denver, CO 80206	84-0599572	501(C)3	30,000.	0. N/A	N/A		DAF distribution for general support and programs
Tides The Presidio, 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 Colorado Foundation 4740 Walnut St., Campus Box 57 Boulder, CO 80309-0057	84-6049811	501(c)(3)	48,283.	0. N/A	N/A		Restricted Fund Distribution
University of Denver Sturm College of Law - 2255 East Evans Avenue, Suite 243 - Denver, CO 80208	84-0404231	501(C)3	52,000.	0. N/A	N/A		Donor-Advised Fund Distribution for general support
Westside Kellel 10523 Santa Monica Blvd. Los Angeles, CA 90025	42-1548771	501(C)3	5,000.	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	7,500.	0. N/A	N/A		Donor-Advised Fund Distribution for general support
YWCA of Boulder County 2222 14th Street Boulder, CO 80302-4874	84-0500276	501(C)3	5,000.	0. N/A	N/A		Donor-Advised Fund Distribution for general support
Anti-Defamation League, Mountain States Region - 1120 Lincoln St., Ste 1301 - Denver, CO 80203-2140	13-1818723	501(c)(3)	55,531.	0. N/A	N/A		Endowment Challenge distributions

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
Boulder Jewish Community Foundation - P.O. Box 18983 - Boulder, CO 80308	20-2829982	501(c)(3)	50,967.	0. N/A		N/A	Endowment Challenge Distributions
B'nai Havurah 6445 E. Ohio Ave. Denver, CO 80224-1459	23-7189650	501(c)(3)	18,329.	0. N/A		N/A	Endowment Challenge Distributions
Center for Judaic Studies, U. Of Denver - 2000 E. Ashbury St., Suite 157 - Denver, CO 80208	84-0404231	501(c)(3)	22,633.	0. N/A		N/A	Endowment Challenge Distributions
Colorado Agency for Jewish Education - 300 S. Dahlia St., Suite 101 - Denver, CO 80245	84-0735278	501(c)(3)	23,266.	0. N/A		N/A	Endowment Challenge Distributions
Congregation Beth Evergreen P.O. Box 415 Evergreen, CO 80437-0415	84-1012915	501(c)(3)	7,340.	0. N/A		N/A	Endowment Challenge Distributions
Denver Academy of Torah 6825 E. Alameda Ave. Denver, CO 80224-1363	84-1187080	501(c)(3)	33,903.	0. N/A		N/A	Endowment Challenge Distributions
Herzl/RMHA at the Denver Campus for Jewish Education - 2450 S. Wabash St. - Denver, CO 80231	84-1476467	501(c)(3)	92,094.	0. N/A		N/A	Endowment Challenge Distributions
Hillel of Colorado 2390 S. Race St. Denver, CO 80210-5149	52-1758791	501(c)(3)	5,351.	0. N/A		N/A	Endowment Challenge Distributions
Jewish Family Service of Colorado 3201 S. Tamarac Dr., Ste 200 Denver, CO 80231	84-0402701	501(c)(3)	14,136.	0. N/A		N/A	Endowment Challenge Distributions

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
Mizel Museum 400 S. Kearney St. Denver, CO 80224	84-1158943	501(c)(3)	156,803.	0./N/A	0./N/A	N/A	Endowment Challenge Distributions
Robert E. Loup Jewish Community Center - 350 S. Dahlia St. - Denver, CO 80246	84-0404245	501(c)(3)	167,889.	0./N/A	0./N/A	N/A	Endowment Challenge Distributions
Shalom Park 14800 E. Bellevue Dr. Aurora, CO 80015	74-2376546	501(c)(3)	39,395.	0./N/A	0./N/A	N/A	Endowment Challenge Distributions
Temple Emanuel 51 Grape Street Denver, CO 80220	84-0402688	501(c)(3)	154,213.	0./N/A	0./N/A	N/A	Endowment Challenge Distributions
Temple Sinai 3509 S. Glencoe St. Denver, CO 80237	84-0576985	501(c)(3)	6,666.	0./N/A	0./N/A	N/A	Endowment Challenge Distributions
Yeshiva Toras Chaim P.O. Box 40067 Denver, CO 80204	84-0576800	501(c)(3)	5,695.	0./N/A	0./N/A	N/A	Endowment Challenge Distributions
Children's Diabetes Foundation 777 Grant St., #302 Denver, CO 80203	84-0745008	501(c)(3)	250,000.	0./N/A	0./N/A	N/A	Agency Fund Distribution
Cottonwood Institute P.O. Box 7067 Denver, CO 80207	20-1822172	501(c)(3)	10,000.	0./N/A	0./N/A	N/A	Agency Fund Distribution



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 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 submitted by the grantee, has frequent communication with the grantee organizations, and in some instances will do site visits if deemed necessary.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2010**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

**Part I Questions Regarding Compensation**

1a 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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?

b Any related organization?

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 not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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 Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

**Part III 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Sheila Bugdanowitz	(i) 94,497.	(ii) 0.	(iii) 0.	1,721.	3,217.	99,435.	0.
	(ii) 179,963.	(iii) 0.	0.	3,279.	6,127.	189,369.	0.
2 Anne Garcia	(i) 46,150.	(ii) 0.	(iii) 0.	3,189.	3,920.	53,259.	0.
	(ii) 87,890.	(iii) 0.	0.	6,073.	7,456.	101,429.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

Form 990, Part VI, Section A, line 2: Sheila Bugdanowitz, President &

CEO; Anne Garcia, Treasurer, CFO & COO, and Phil Nash, Former VP for

Communications are all 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.

Name of the organization Rose Community Foundation	Employer identification number 84-0920862
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Form 990, Part VI, Section B, Line 15a: On an annual basis, the Chief Financial & Operating Officer and Audit Committee meet to discuss the compensation and performance of the Foundation's President & CEO. During this meeting, the Chair of the Board of Trustees presents his/her assessment of the President & CEO's performance as compared to the goals and objectives that were established at the beginning of the year. Based on the conclusions of this assessment, along with comparative salary information on both a local and national level from both formal and informal surveys, the Audit Committee recommends a salary level to be taken to the Board of Trustees for approval.

Form 990, Part VI, Section C, Line 19: The Foundation's Conflict of Interest Policy, 990 and financial statements are available upon request as well as posted on the Foundation's website at [www.rcfdenver.org](http://www.rcfdenver.org).

Form 990, Part VII, Section A:

Sheila Bugdanowitz, Anne Garcia, and Phillip Nash spend an average of 33 hours per week working with the related organizations. Phil Gonring, Elsa Holguin and Lisa Farber-Miller spend an average of 40 hours per week working with the related organizations.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	845,633.
Agency distributions	1,175,212.
CFAT expenses	50,031.
Agency contributions	-254,659.
RCF amounts excluded from the interfund grant balance	430,944.

Name of the organization Rose Community Foundation	Employer identification number 84-0920862
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Total to Form 990, Part XI, Line 5	2,247,161,
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Form 990, Part XI, line 2c:

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

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 515(b)(13) controlled entity?	
						Yes	No
Rose Foundation - 84-0418124 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Grantmaking	Colorado	501(c)(3)	Line 11a, Type II N/A			X
Rose Biomedical Research - 84-0851957 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Supports medical research & development (ceased operations)	Colorado	501(c)(3)	Line 11a, Type I N/A			X

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

Schedule R (Form 990) 2010

**Part III** 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**Part IV** 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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 - 84-1341936 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Medical technology research & development	CO	Rose Biomedical Research	C CORP			100.00%



**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 entity is listed in Parts II, III, or IV of this schedule.  
 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  
 b Gift, grant, or capital contribution to other organization(s)  
 c Gift, grant, or capital contribution from other organization(s)  
 d Loans or loan guarantees to or for other organization(s)  
 e Loans or loan guarantees by other organization(s)  
 f Sale of assets to other organization(s)  
 g Purchase of assets from other organization(s)  
 h Exchange of assets  
 i Lease of facilities, equipment, or other assets to other organization(s)  
 j Lease of facilities, equipment, or other assets from other organization(s)  
 k Performance of services or membership or fundraising solicitations for other organization(s)  
 l Performance of services or membership or fundraising solicitations by other organization(s)  
 m Sharing of facilities, equipment, mailing lists, or other assets  
 n Sharing of paid employees  
 o Reimbursement paid to other organization for expenses  
 p Reimbursement paid by other organization for expenses  
 q Other transfer of cash or property to other organization(s)  
 r Other transfer of cash or property from other organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m	X	
1n	X	
1o		X
1p		X
1q		X
1r	X	

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.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	Rose Foundation	C	329,942. FMV	
(2)	Rose Foundation	B	96,000. FMV	
(3)	Rose Foundation	R	123,353. FMV	
(4)				
(5)				
(6)				



