

Return of Organization Exempt From Income Tax

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

2009

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 2009 calendar year, or tax year beginning **January 1**, 2009, and ending **December 31**, 20 09

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

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

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 \$ **5,709,926**

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**) ◀ (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		Prior Year	Current Year
Activities & Governance	1 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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	115
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,676,087	4,869,385
	9 Program service revenue (Part VIII, line 2g)	254,595	229,643
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<462,889>	<345,893>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,602	141,694
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,625,395	4,894,829
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,462,472	4,313,545
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	603,266	852,492
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 390,689		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,345,108	1,582,577	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,410,846	6,748,614	
19 Revenue less expenses. Subtract line 18 from line 12	9,214,549	<1,853,785>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 53,754,537	End of Year 60,516,103
	21 Total liabilities (Part X, line 26)	31,263,989	34,764,694
	22 Net assets or fund balances. Subtract line 21 from line 20	22,490,548	25,751,409

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: 11/15/10
 Anne Garcia, CFO & COO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: Suzanne K. Engle Date: 11/15/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: Kundinger, Corder & Engle P.C. EIN:
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

- 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 (continued at Sch. O)
- 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 \$ 5,927,920 including grants of \$ 4,313,545) (Revenue \$ 229,643)
 Rose Community Foundation's key program achievements in 2009 were focused in three areas.
DONOR DEVELOPMENT: The Foundation launched a campaign to secure planned gifts and bequests as a way to secure additional unrestricted and restricted philanthropic assets over the long term. During 2009 the Foundation was notified of two large bequests, one for \$1 million and another in excess of \$3 million.
ENDOWMENT SERVICES: The Foundation paid out \$984,000 in distributions to 18 local nonprofit organizations who have established permanent endowments at the Foundation. **FUND DISTRIBUTIONS:** Donor-recommended grants totaling \$1,726,833 were made to nonprofit organizations.

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
 Rose Foundation (EIN # 84-0418124), a supporting organization of Rose Community Foundation, executes grantmaking programs in five primary issue areas within the seven-county Denver community. A total of \$9,474,142 in unrestricted funds were distributed as grants in 2009. Below is a summary for each program area.
AGING: Supports services for older adults including transportation, direct services and care at the end of life. A total of \$1,608,000 was awarded in grants. **CHILD AND FAMILY DEVELOPMENT:** Supports early childhood education, family self-sufficiency, and public policy efforts within these areas. Grants totaled \$1,410,053. **EDUCATION:** Supports efforts to improve K-12 teacher quality, and systematic change aimed at closing education achievement gaps between demographic groups. Grants totaled \$1,515,223. **HEALTH:** Supports access to care, cost-effectiveness in health care, health policy initiatives and primary prevention. Grants totaled \$2,105,704. **JEWISH LIFE:** Supports efforts to strengthen connections between individuals and the Jewish community, Jewish growth and learning, organization strengthening, and leadership development. Grants totaled \$2,915,187.
 (For informational purposes only- activity is not included in 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 ▶ 5,927,920

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows include questions 1 through 20 regarding organizational requirements and reporting.

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 of the organization (or a family member) 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)? If "Yes," complete Schedule R, Part V, line 2	X	
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

Table with columns for question ID, question text, and Yes/No columns. Includes sections for Form 1099, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 4970, Form 4971, Form 4972, Form 4973, Form 4974, Form 4975, Form 4976, Form 4977, Form 4978, Form 4979, Form 4980, Form 4981, Form 4982, Form 4983, Form 4984, Form 4985, Form 4986, Form 4987, Form 4988, Form 4989, Form 4990, Form 4991, Form 4992, Form 4993, Form 4994, Form 4995, Form 4996, Form 4997, Form 4998, Form 4999.

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	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	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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.
 Own website Another's website 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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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 Adler 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.	
Arlene Hirschfeld Trustee	1.00	X					0.	0.	0.	
Walter Isenberg 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.	

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

(A) Name and title	(B) Average hours per week	(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			
Sheila Bugdanowitz President & CEO	7.00			X				71,622.	198,445.	13,070.
Anne Garcia Treasurer, CFO & COO	7.00			X				34,997.	96,967.	19,406.
Phil Nash VP for Communications	7.00			X				30,281.	83,901.	15,491.
Lisa Farber-Miller Senior Program Officer	0.00					X		0.	110,648.	15,081.
Elsa Holguin Senior Program Officer	0.00					X		0.	117,972.	17,598.
Phil Gonring Senior Program Officer	0.00					X		0.	103,997.	16,060.
1b Total								136,900.	711,930.	96,706.

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
3 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
4 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	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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	4,680.			
	c Fundraising events	1c	1,815.			
	d Related organizations	1d	1,574,879.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,288,011.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		4,869,385.			
Program Service Revenue	2 a <u>Administrative fees</u>	Business Code	229,643.	229,643.		
	b	561000				
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		229,643.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		223,437.		223,437.	
	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	569,330.			
		c Gain or (loss)	<569,330.>			
	d Net gain or (loss)		<569,330.>		<569,330.>	
	8 a Gross income from fundraising events (not including \$ 1,815. of contributions reported on line 1c). See Part IV, line 18	a	7,740.			
		b Less: direct expenses	b	7,740.		
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	378,264.				
	b Less: cost of goods sold	b	238,027.			
	c Net income or (loss) from sales of inventory		140,237.		140,237.	
Miscellaneous Revenue		Business Code				
11 a Other revenue	453220	1,457.			1,457.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,457.			
12 Total revenue. See instructions.		4,894,829.	229,643.	0.	<204,199.>	

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	4,310,036.	4,310,036.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,509.	3,509.		
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	149,621.	4,894.	55,613.	89,114.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	569,656.	286,224.	108,914.	174,518.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,415.	7,634.	6,064.	9,717.
9 Other employee benefits	66,691.	27,845.	14,927.	23,919.
10 Payroll taxes	43,109.	15,456.	10,626.	17,027.
11 Fees for services (non-employees):				
a Management				
b Legal	10,202.		10,202.	
c Accounting	31,800.		31,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,324.		43,324.	
g Other	13,618.	2,995.	4,082.	6,541.
12 Advertising and promotion				
13 Office expenses	33,768.	12,019.	8,358.	13,391.
14 Information technology				
15 Royalties				
16 Occupancy	46,819.	1,531.	17,403.	27,885.
17 Travel	21,244.	695.	7,896.	12,653.
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	12,058.		12,058.	
23 Insurance	10,527.	344.	3,913.	6,270.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Other Pgm. Initiatives	1,249,772.	1,249,772.	0.	0.
b Administrative Fees	88,800.	0.	88,800.	0.
c Communications	20,645.	4,966.	6,025.	9,654.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,748,614.	5,927,920.	430,005.	390,689.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,887,228.	1	4,297,420.
	2 Savings and temporary cash investments	155,343.	2	15,042.
	3 Pledges and grants receivable, net	453,379.	3	1,398,402.
	4 Accounts receivable, net	1,687,290.	4	737,489.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	41,054.	8	41,970.
	9 Prepaid expenses and deferred charges	49,246.	9	30,507.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 443,962.		
	b Less: accumulated depreciation	10b 378,650.	10c	65,312.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	49,301,302.	12	53,810,121.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	102,325.	15	119,840.
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,754,537.	16	60,516,103.	
Liabilities	17 Accounts payable and accrued expenses	682,078.	17	1,377,537.
	18 Grants payable	345,083.	18	183,783.
	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	30,236,828.	25	33,203,374.
	26 Total liabilities. Add lines 17 through 25	31,263,989.	26	34,764,694.
Net Assets or Fund Balances	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	18,248,328.	27	20,418,361.
	28 Temporarily restricted net assets	3,952,000.	28	5,042,828.
	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	22,490,548.	33	25,751,409.
	34 Total liabilities and net assets/fund balances	53,754,537.	34	60,516,103.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

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.

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 consolidated basis, separate basis, or both:
 Separate basis Consolidated basis 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?

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.

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

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	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,162,874.	7,501,493.	20,713,610.	14,676,087.	4,869,385.	50,923,449.
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	3,162,874.	7,501,493.	20,713,610.	14,676,087.	4,869,385.	50,923,449.
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)						6,328,884.
6 Public support. Subtract line 5 from line 4.						44,594,565.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,162,874.	7,501,493.	20,713,610.	14,676,087.	4,869,385.	50,923,449.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	898,909.	775,135.	914,752.	159,585.	223,437.	2,971,818.
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						53,895,267.
12 Gross receipts from related activities, etc. (see instructions)					12	3,265,908.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	82.74 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	83.83 %
16a 33 1/3% support test - 2009. 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 - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

Rose Community Foundation

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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Rose Community Foundation

84-0920862

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 98,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
3		\$ 1,574,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
4		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
5		\$ 406,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
6		\$ 115,600.	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

Employer identification number

Rose Community Foundation

84-0920862

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	C S E	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	N 2 E	\$ 429,400.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization <p style="text-align:center">Rose Community Foundation</p>	Employer identification number <p style="text-align:center">84-0920862</p>
--	---

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 payments were made. 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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	6,357,925.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,357,925.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.	467,896.	
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)	116,974.													
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying nontaxable amount	338,432.	426,037.	408,850.	0.	1,173,319.
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,759,979.
c	Total lobbying expenditures			8,973.	0.	8,973.
d	Grassroots nontaxable amount	84,608.	106,509.	102,213.	0.	293,330.
e	Grassroots ceiling amount (150% of line 2d, column (e))					439,995.
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
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

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

2009

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	38	
2 Aggregate contributions to (during year)	2,113,123.	
3 Aggregate grants from (during year)	684,189.	
4 Aggregate value at end of year	18,766,136.	

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 pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 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 | 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, 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, 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 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 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	452,220.	556,220.			
b Contributions					
c Net investment earnings, gains, and losses	89,829.	<99,000.			
d Grants or scholarships	73,509.	5,000.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Investments - 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.	18,230.	9,077.
d Equipment				
e Other		371,455.	360,420.	11,035.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				65,312.

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
Financial derivatives		
Closely-held equity interests		
Other		
Investments held by Rose Foundation	53,810,121.	End-of-Year Market Value
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	53,810,121.	

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
Total. (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
Total. (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
Federal income taxes	
Charitable remainder annuity trust	23,308.
Agency and other funds held on behalf of others	33,180,066.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	33,203,374.

2. FIN 48 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.

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Theater ticket sales (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	9,555.		9,555.
	2	Less: Charitable contributions	1,815.		1,815.
	3	Gross income (line 1 minus line 2)	7,740.		7,740.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,740.		7,740.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(7,740)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility

13a	%
13b	%
- b An outside facility

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Rose Community Foundation
Part I General Information on Grants and Assistance

Employer identification number
84-0920862

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.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adventure Rabbi 5353 Manhattan Circle, Suite 103 Boulder, CO 80303	51-0484087	501(c)(3)	13,156.	0	N/A	N/A	MazelTot Initiative
Aish Denver 9550 E. Bellevue Avenue Englewood, CO 80111	84-1322731	501(c)(3)	10,650.	0	N/A	N/A	MazelTot Initiative
Allied Jewish Federation of Colorado - 300 S. Dahlia St. - Denver, CO 80246	84-0404662	501(c)(3)	36,668.	0	N/A	N/A	DAF distributions for gen. support & MazelTot Initiative
Alumni of the Rabbinical Coll. Kneseth 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 Aish HaTorah - Western Region - 1417 S. Doheney Drive - Los Angeles, CA 90035	95-3867719	501(c)(3)	6,500.	0	N/A	N/A	Donor-Advised Fund distribution for general support
American Jewish World Service 45 W. 36th Street, 10th floor New York, NY 10018-7904	22-2584370	501(c)(3)	12,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support

2 Enter total number of section 501(c)(3) and government organizations 105.
3 Enter total number of other organizations 1.

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. Use Part IV and Schedule I-1 (Form 990) 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 I-1
 Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

Rose Community Foundation 84-0928862

Part I 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
Anti-Defamation League, Mountain States Region - 1120 Lincoln St., Ste 1301 - Denver, CO 80203-2140	13-1818723	501(c)(3)	21,000.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Beth Jacob Congregation 9030 W. Olympic Blvd. Beverly Hills, CA 90211	41-1525206	501(c)(3)	10,000.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Betty Ford Center 39000 Bob Hope Drive Rancho Mirage, CA 92270	95-3863994	501(c)(3)	26,000.	0.	N/A	N/A	Grant to children's prog to provide health care services
Boulder Aish Kodesh 1805 Balsam Ave. Boulder, CO 80304	84-1345073	501(c)(3)	7,250.	0.	N/A	N/A	Restricted Fund distributions for Jewish Life
Boulder Jewish Community Center 3800 Kalmia Ave. Boulder, CO 80301	84-1322996	501(c)(3)	24,719.	0.	N/A	N/A	DAF distributions for gen. support & MazelTot Initiative
Boulder Valley Women's Health Center - 2855 Valmont Road - Boulder, CO 80301-1374	84-0645786	501(c)(3)	5,000.	0.	N/A	N/A	Health care services in the Denver metro area
Cedars-Sinai Medical Center 8700 Beverly Blvd., #2416 Los Angeles, CA 90048	95-1644600	501(c)(3)	11,500.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Center for Work Education and Employment - 1175 Osage St., Ste 300 - Denver, CO 80204	74-2202303	501(c)(3)	6,500.	0.	N/A	N/A	Donor-Advised Fund distribution for general support

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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

(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
Chabad Jewish Center of Longmont 195 S. Main Street, Suite 4 Longmont, CO 80501	20-4883981	501(c)(3)	6,133.	0. N/A		N/A	MazelTot Initiative
Chabad of Northwest Metro Denver 4505 W. 112th Avenue Westminster, CO 80031	20-0449462	501(c)(3)	5,457.	0. N/A		N/A	MazelTot Initiative
Clinica Family Health Services 3303 N. Broadway Boulder, CO 80304	84-0743432	501(c)(3)	5,000.	0. N/A		N/A	Health care services in the Denver metro area
Colorado Association of Black Professional Engineers and Scientist - P.O. Box 200508 - Denver, CO 80220	74-2208861	501(c)(3)	10,000.	0. N/A		N/A	Support for after school programs
Communications Consortium Media Center - 401 Ninth Street NW, Ste 450 - Washington, DC 20004-2142	52-1524972	501(c)(3)	15,000.	0. N/A		N/A	Research on reproductive health case study
Community Food Share 6363 Horizon Lane Longmont, CO 80503-7176	74-2227731	501(c)(3)	5,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Community Health Services 4675 E. 69th Avenue Commerce City, CO 80022	84-0799374	501(c)(3)	31,500.	0. N/A		N/A	Health care services & purchase of medical equipment
Community of Sudanese American Women/Men - P.O. Box 3217 - Boulder, CO 80307	20-3719670	501(c)(3)	7,000.	0. N/A		N/A	Program support

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

Schedule I-1 (Form 990) 2009

2009

Open to Public
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Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

Rose Community Foundation

84-0920862

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
Congregation Beth Mechachem of Glogev - 5801 15th Avenue - Brooklyn, NY 11219	11-2938700	501(c)(3)	6,100.	0.	N/A	N/A	Donor-Advised Fund distributions for general support
Congregation Rodef Shalom 450 S. Kearney Street Denver, CO 80224	84-0468847	501(c)(3)	6,281.	0.	N/A	N/A	MazelTot Initiative
Craig Hospital 3425 S. Clarkson St. Englewood, CO 80110	23-7352287	501(c)(3)	10,000.	0.	N/A	N/A	Project EQL Program
Dental Aid 877 S. Boulder Rd. Louisville, CO 80027	84-0717588	501(c)(3)	11,500.	0.	N/A	N/A	Health care services in the Denver metro area
Denver Health Foundation 655 Broadway, Suite 750 Denver, CO 80203	84-1085196	501(c)(3)	5,000.	0.	N/A	N/A	Health care services in the Denver metro area
Denver Public School's Pupil Assistance Fund - 1330 Fox Street, 2nd Floor - Denver, CO 80204-2602	23-7157251	501(c)(3)	10,000.	0.	N/A	N/A	Provide eye exams and glasses
Colorado Nonprofit Development Center - 4130 Tejon St., Suite A - Denver, CO 80211	84-1493585	501(c)(3)	65,000.	0.	N/A	N/A	Operating support for Denver Regional Mobility & Access Council
Denver Scholarship Foundation 303 E. 17th Avenue, Suite 200 Denver, CO 80203	20-5143175	501(c)(3)	22,474.	0.	N/A	N/A	Donor-Advised Fund distribution for general support

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

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

Part I 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		
Doctors Care 191 E Orchard Rd, Ste 102NE Littleton, CO 80121	84-1150815	501(c)(3)	28,000.	0. N/A		N/A	Prog. support & health care services in the Denver metro area		
Dominican Sisters Home Health Agency of Denver - 2501 Gaylord Street - Denver, CO 80205-5631	84-0567786	501(c)(3)	5,338.	0. N/A		N/A	2009 Workplace Giving Fund grant for general support		
E-3 Events 2901 Wyandot #16 Denver, CO 80211	26-3115633		5,000.	0. N/A		N/A	2009 Chai Life Series		
Emergency Family Assistance Association - 1575 Yarmouth Ave - Boulder, CO 80304	84-0454115	501(c)(3)	9,048.	0. N/A		N/A	Donor-Advised Fund distribution for general support		
eTown 207 Canyon Road, Suite 302 Boulder, CO 80302	84-1186181	501(c)(3)	10,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support		
Food Bank of the Rockies 10700 E. 45th Avenue Denver, CO 80239	84-0772672	501(c)(3)	10,500.	0. N/A		N/A	Notes of Hope Children's Program		
Foundation for Their Sake 5 Cherry Hills Farm Court Englewood, CO 80113	20-8565922	501(c)(3)	5,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support		
Friends of the Davenport Museum of Art - 225 W. 2nd Street - Davenport, IA 52801	42-6090398	501(c)(3)	5,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support		

SCHEDULE I-1
 Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Graland Country Day School 30 Birch Street Denver, CO 80220	84-0402699	501(c)(3)	6,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Harvard Divinity School 45 Francis Avenue Cambridge, MA 02138	04-2103580	501(c)(3)	9,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Hebrew Educational Alliance 3600 S. Ivanhoe St. Denver, CO 80237-1196	84-0447472	501(c)(3)	21,569.	0. N/A		N/A	JECEI and MazelTot Initiatives
Herzl/RMHA at the Denver Campus 2450 S. Wabash St. Denver, CO 80231	84-1476467	501(c)(3)	20,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Inner City Health Center 3800 York Street Denver, CO 80205	74-2426085	501(c)(3)	5,000.	0. N/A		N/A	Health care services in the Denver metro area
Invest in Kids 1775 Sherman Street, Suite 2075 Denver, CO 80203	84-1455282	501(c)(3)	44,533.	0. N/A		N/A	Boost II Initiative
Jewish Family Service of Colorado 3201 S. Tamarac Dr., Ste 200 Denver, CO 80231	84-0402701	501(c)(3)	73,002.	0. N/A		N/A	DAF distributions for gen. support & program support
Jewish Mosaic: The Nat'l Center for Sexual & Gender Diversity - 330 7th Ave., Ste 1902 - New York, NY 10001-5254	52-1332694	501(c)(3)	6,000.	0. N/A		N/A	LGBT Jewish Inclusion & Outreach Project

Continuation Sheet for Schedule I (Form 990)
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SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

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

Part I (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
Jewish Women's Archive 138 Harvard Street Brookline, MA 02446	04-3293188	501(c)(3)	5,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
Judaism Your Way 3030 E. 2nd Ave., Ste 107 Denver, CO 80206	46-0517841	501(c)(3)	13,880.	0. N/A		N/A	MazelTot Initiative and program support
Kids in Need of Dentistry 2465 S. Downing St., Ste 207 Denver, CO 80210-5822	84-6038681	501(c)(3)	26,000.	0. N/A		N/A	Health care services in the Denver metro area
Limmud Colorado 3551 S. Monaco Parkway, Suite 186 Denver, CO 80237	26-0248795	501(c)(3)	30,450.	0. N/A		N/A	MazelTot Initiative and program support
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	Playgroup Supervisor and Women's Workstyles Project
MACC - Mizel Arts & Culture Center 350 S. Dahlia St. Denver, CO 80246	31-1494423	501(c)(3)	18,630.	0. N/A		N/A	MazelTot Initiative, DAF distribution & program support
MDS Counseling Center 1355 S. Colorado Blvd., Suite C-10 Denver, CO 80222-3310	84-1182130	501(c)(3)	16,000.	0. N/A		N/A	Health care services in the Denver metro area
Metro Community Provider Network 3701 S. Broadway Englewood, CO 80110	74-2477108	501(c)(3)	71,500.	0. N/A		N/A	General support & health care services

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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

Part I 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
Mi Casa Resource Center 360 Acoma Street Denver, CO 80223	84-0867773	501(c)(3)	14,000.	0. N/A		N/A	DAF distributions for gen. support & program support
Mile High United Way 2505 18th St. Denver, CO 80211	84-0404235	501(c)(3)	23,600.	0. N/A		N/A	DAF distributions for gen. support & Denver's Road Home
Minds Matter of Denver PO Box 48162 Denver, CO 80204	13-3688434	501(c)(3)	7,500.	0. N/A		N/A	Prep Program
Minyan Na'aleh 390 Forest Street Denver, CO 80220-5753	20-4594054	501(c)(3)	9,806.	0. N/A		N/A	MazelTot Initiative & 2009 Shaynot Retreat
Moving Traditions 115 West Avenue, Suite 102 Jenkintown, PA 19046	34-2015014	501(c)(3)	16,000.	0. N/A		N/A	Rosh Hodesh: It's A Girl Thing! program
National Jewish Health 1400 Jackson St. Denver, CO 80206	74-2044647	501(c)(3)	10,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support
OpenWorld Learning 360 Acoma Street, Ste. 102 Denver, CO 80223	84-1538872	501(c)(3)	10,000.	0. N/A		N/A	Program Support
Parent Pathways 55 South Zuni Street Denver, CO 80223	84-0429686	501(c)(3)	5,000.	0. N/A		N/A	Donor-Advised Fund distribution for general support

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

 2009
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 Inspection

Name of the organization		Employer identification number					
Rose Community Foundation							
Continuation of Grants 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
Project WISE 3401 W. 29th Avenue Denver, CO 80211-3611	84-1325938	501(c)(3)	6,500.	0 N/A		N/A	Donor-Advised Fund distribution for general support
Public Education & Business Coalition - 1244 Grant Street - Denver, CO 80203	74-2357262	501(c)(3)	25,000.	0 N/A		N/A	Donor-Advised Fund distribution for general support
Putnam Museum and IMAX Theatre 1717 W. 12th Street Davenport, IA 52804	42-0680474	501(c)(3)	5,000.	0 N/A		N/A	Donor-Advised Fund distribution for general support
Rivermont Collegiate 1821 Sunset Drive Bettendorf, IA 52722	42-0703279	501(c)(3)	5,000.	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)	45,986.	0 N/A		N/A	DAF distributions for gen. support & program support
Salud Family Health Centers 203 S. Rollie Ave. Fort Lupton, CO 80621	84-0613540	501(c)(3)	5,000.	0 N/A		N/A	Health care services in the Denver metro area
Second Wind Fund of Metro Denver 12567 W. Ceder Dr. #102 Lakewood, CO 80228	26-3899845	501(c)(3)	26,000.	0 N/A		N/A	Health care services in the Denver metro area
Shalom Park 14800 E. Bellevue Dr. Aurora, CO 80015	74-2376546	501(c)(3)	14,000.	0 N/A		N/A	DAF distributions for gen. support & program support

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

Rose Community Foundation
 84-0920862

Part I Continuation of Grants 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
Stepping Stones 5840 E. Evans Avenue Denver, CO 80222	84-1159555	501(c)(3)	14,276.	0	N/A	N/A	MazelTot Initiative, DAF distribution & program support
Student Interfaith Peace Project (SIPP) @ Korbel School of International St - 2201 South Gaylord Street - Denver, CO 80208	84-0404231	501(c)(3)	7,000.	0	N/A	N/A	Programming costs
Teach for America 1391 Speer Blvd., Suite 710 Denver, CO 80204	13-3541913	501(c)(3)	10,000.	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)	9,560.	0	N/A	N/A	MazelTot Initiative
Temple Sinai 3509 S. Glencoe St. Denver, CO 80237	84-0576985	501(c)(3)	13,850.	0	N/A	N/A	JCEI and MazelTot Initiatives
The Children's Hospital Foundation 13123 E. 16th Avenue, Box 045 Aurora, CO 80045	84-0813462	501(c)(3)	43,500.	0	N/A	N/A	DAF distributions for gen. support & program support
The Denver Hospice 501 S. Cherry St., Ste 700 Denver, CO 80246	84-0743121	501(c)(3)	5,000.	0	N/A	N/A	Donor-Advised Fund distribution for general support
The Jewish Experience 350 South Dahlia Street Denver, CO 80246	84-1530357	501(c)(3)	13,700.	0	N/A	N/A	MazelTot Initiative

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Schedule I-1 (Form 990) 2009

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Open to Public Inspection

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

Rose Community Foundation

84-0920862

Part I 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 Mental Health Center Serving Boulder and Broomfield Counties - 1333 Iris Avenue - Boulder, CO 80304-2296	84-0520493	501(c)(3)	5,000.	0.	N/A	N/A	Health care services in the Denver metro area
The Rocky Mountain Youth Clinics 1601 E. 19th Ave., Ste 6300 Denver, CO 80218	84-1321485	501(c)(3)	37,500.	0.	N/A	N/A	Health care services & purchase of medical equipment
The University of Arizona Foundation - P.O. Box 210109 - Tucson, AZ 85721-0109	86-6050388	501(c)(3)	5,000.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
University of Denver Sturm College of Law - 2255 East Evans Avenue, Suite 243 - Denver, CO 80208	84-0404231	501(c)(3)	50,000.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Warren Village 1323 Gilpin St Denver, CO 80218-2552	84-0644270	501(c)(3)	6,500.	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)	5,613.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Wilshire Boulevard Temple 3663 Wilshire Blvd. Los Angeles, CA 90010-2798	95-1691339	501(c)(3)	5,650.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Women's Bean Project 3201 Curtis St. Denver, CO 80205	84-1144973	501(c)(3)	6,500.	0.	N/A	N/A	Donor-Advised Fund distribution for general support

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Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)
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Employer identification number
 84-0920862

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization
 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
Work Options for Women 1200 Federal Blvd. Denver, CO 80204	84-1364292	501(c)(3)	6,500.	0.	N/A	N/A	Donor-Advised Fund distribution for general support
Allied Jewish Apartments 22 S. Adams St. Denver, CO 80209	84-0584939	501(c)(3)	4,278.	0.	N/A	N/A	Endowment Challenge distributions
Anti-Defamation League, Mountain States Region - 1120 Lincoln St., Ste 1301 - Denver, CO 80203-2140	13-1818723	501(c)(3)	66,121.	0.	N/A	N/A	Endowment Challenge distributions
Boulder Jewish Community Foundation - P.O. Box 18983 - Boulder, CO 80308	20-2829982	501(c)(3)	58,318.	0.	N/A	N/A	Endowment Challenge distributions
B'nai Havurah 6445 E. Ohio Ave. Denver, CO 80224-1459	23-7189650	501(c)(3)	23,440.	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)	28,982.	0.	N/A	N/A	Endowment Challenge distributions
Colorado Agency for Jewish Education - 300 S. Dahlia St., Suite 101 - Denver, CO 80246	84-0735278	501(c)(3)	28,351.	0.	N/A	N/A	Endowment Challenge distributions
Congregation Beth Evergreen P.O. Box 415 Evergreen, CO 80437-0415	84-1012915	501(c)(3)	8,732.	0.	N/A	N/A	Endowment Challenge distributions

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Schedule I-1 (Form 990) 2009

2009

Open to Public Inspection

Continuation Sheet for Schedule I (Form 990)
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Name of the organization
 Rose Community Foundation
 Employer identification number
 84-0920862

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of 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)	43,403.	0 N/A		N/A	Endowment Challenge distributions
Herzl/FMHA at the Denver Campus for Jewish Education - 2450 S. Wabash St. - Denver, CO 80231	84-1476467	501(c)(3)	117,675.	0 N/A		N/A	Endowment Challenge distributions
Hillel of Colorado 2390 S. Race St. Denver, CO 80210-5149	52-1758791	501(c)(3)	6,623.	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)	19,127.	0 N/A		N/A	Endowment Challenge distributions
Mizel Museum 400 S. Kearney St. Denver, CO 80224	84-1158943	501(c)(3)	202,676.	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)	117,732.	0 N/A		N/A	Endowment Challenge distributions
Shalom Park 14800 E. Bellevue Dr. Aurora, CO 80015	74-2376546	501(c)(3)	50,302.	0 N/A		N/A	Endowment Challenge distributions
Temple Emanuel 51 Grape Street Denver, CO 80220	84-0402688	501(c)(3)	196,947.	0 N/A		N/A	Endowment Challenge distributions

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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

Part I: 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
Temple Sinai 3509 S. Glencoe St. Denver, CO 80237	84-0576985	501(c)(3)	7,580.	0. N/A		N/A	Endowment Challenge distributions
Children's Diabetes Foundation 777 Grant St., #302 Denver, CO 80203	84-0745008	501(c)(3)	1,775,000.	0. N/A		N/A	Agency Fund Distribution
The Spirituals Project, U. of Denver - 2000 E. Ashbury St., Sturm Hall #402 - Denver, CO 80208	84-1484371	501(c)(3)	50,000.	0. N/A		N/A	Agency Endowment Distribution
Hispanics in Philanthropy 55 Second Street, Suite 1500 San Francisco, CA 94105	94-3040607	501(c)(3)	92,000.	0. N/A		N/A	Restricted Fund distributions
University of Colorado Foundation 4740 Walnut St., Campus Box 57 Boulder, CO 80309-0057	84-6049811	501(c)(3)	70,000.	0. N/A		N/A	Restricted Fund distributions

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2009

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.

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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?
- 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 Regs. 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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				
	(i)	71,622.	0.	1,326.	2,140.	75,088.	0.
Sheila Bugdanowitz	(ii)	198,445.	0.	3,674.	5,930.	208,049.	0.
	(i)	34,997.	0.	2,420.	2,726.	40,143.	0.
Anne Garcia	(ii)	96,967.	0.	6,706.	7,554.	111,227.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						
	(i)						
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Rose Community Foundation

Employer identification number

84-0920862

Form 990, Part III, Line 1, Description of Organization Mission:

to earn and sustain that trust by consistent and disciplined adherence
to our mission.

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

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

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

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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respect to all then 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.

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.

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
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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.

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
Rose Foundation - 84-0418124 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Grantmaking	Colorado	501(c)(3)	Line 11a, Type II	N/A
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 II	N/A

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?
							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	<499.>	7,326.	100.00%

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

Note. Complete line 1 if any entity is listed in Parts ii, iii, or iv of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts i-iv?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)	X	
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets	X	
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		
r	Other transfer of cash or property from other organization(s)		

2	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	Rose Foundation	C	711,519.
(2)	Rose Foundation	Q	157,948.
(3)			
(4)			
(5)			
(6)			

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

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

Table with 8 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Are all partners section 501(c)(3) organizations? (Yes/No); (e) Share of end-of-year assets; (f) Disproportionate allocations? (Yes/No); (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (h) General or managing partner? (Yes/No).