Form	990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2012 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	e 2012 calendar year, or tax year beginning , 2012, and end			. 20
в		f applicable: C Name of organization Rose Community Foundation		D Emplo	yer identification number
	Addres	s change Doing Business As			84-0920862
	Name o	hange Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ane number
	Initial re	turn 600 South Cherry Street	1200	•	303-398-7400
	Termina	ated City, town or post office, state, and ZIP code	100		000-300-7400
	Amende	ed return Denver, CO 80246		G Gross	receipts \$ 12,277,374
\Box	Applica	tion pending F Name and address of principal officer: Anne Garcia	H(a) is this		n for affiliates? Yes V No
		same as C above			Included? Yes No
1	Тах-өхе	empt status: 🗹 501(c)(3) □ 501(c) () ◄ (Insert no.) □ 4947(a)(1) or □ 527	lf "N	lo," attach	a list. (see instructions)
<u>J</u>	Websit		H(c) Grou	o exemptic	n number 🕨
K		organization;	ation: 1995	M Stat	e of legal domicile: CO
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: Rose	Community F	oundatio	on and its principal
ĸ		supporting organization, Rose Foundation, operate with complementary purposes:	to sustain the	health a	and well-being of the
Activities & Governance		seven-county Greater Denver community through grantmaking programs, and to ex	pand private	philanth	opy by offering services
em		to charitable donors.			
Sov.	2	Check this box >] if the organization discontinued its operations or disposed			f its net assets.
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ties	4	Number of independent voting members of the governing body (Part VI, line 1)	»)		17
tivi	5				33
Ac	6	Total number of volunteers (estimate If necessary)		6	105
	7a b	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0	
<u> </u>		Net unrelated business taxable income from Form 990-T, line 34	Prior Y	<u>75</u>	0
	8	Contributions and grants (Part VIII, line 1h) .			Current Year
anc	9			4,576,934	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		275,016	
ŭ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		850,572	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· · · · · · · · · · · · · · · · · · ·	149,340	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,851,862 3,708,339	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
ŝ	15	Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,169,590	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·····	(<u>) (00,000</u>	
xpe	b	Total fundraising expenses (Part IX, column (D), Ilne 25) > 734,043			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,101,343	1,104,519
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		B,979,272	
	19	Revenue less expenses. Subtract line 18 from line 12		127,410>	and the second se
Net Assets or Fund Balances			Beginning of C		
Sset	20	Total assets (Part X, line 16)	5	9,107,481	66,132,005
let A md E	21	Total liabilities (Part X, Ilne 26)	3	3,802,826	
		Net assets or fund balances. Subtract line 21 from line 20	2	5,304,655	
	art II	Signature Block			
Ur	ider pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta at, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	ements, and to	he best of	my knowledge and belief, it is
		A and complete, Depletation of preparer (utility than onlicer) is based on all information of which prepare	er has any know	ledge,	

Sign Here	Signature of officer ANNE M. Type or print name and title	Faicia GARCIA, CFO and	000	•••••••••		/13	
Paid Preparer	Print/Type preparer's name Suzanne K. Engle	Preparer's signature	Engle.	Date ////	1.3 Check self-emp	If PTIN oyed P01375409	
Use Only		Corder & Engle P.C.			Firm's EIN 🕨		
Firm's address > 475 Lincoln Street, Suite 200, Denver, CO 80203 Phone no. (303) 534-5953 May the IRS discuss this return with the preparer shown above? (see Instructions) V Yes No							
For Paperwo	rk Reduction Act Notice, see	the separate instructions.	Oat	t. No. 11282Y	· · · · · · · · · · · · · · · · · · ·	Form 990 (2012)	

80246

IRS USE ONLY

201335

Department of the Treasury Internal Revenue Service Ogden UT 84201

187403

211A 3

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: September 16, 2013

Taxpayer Identification Number: 84-0920862 Tax Form: 990 Tax Period: December 31, 2012

032098.222501.0119.003 1 AT 0.384 373

010



ROSE COMMUNITY FOUNDATION 600 S CHERRY ST STE 1200 DENVER CO 80246-1712

32098

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <u>www.irs.gov/eo</u>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

0

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
File by the	Rose Community Foundation	84-0920862	
due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Denver, CO 80246		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A	· · · · ·		08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
Anne Garcia The books are in the care of ► <u>600 South Cherry Stree</u> Telephone No.► <u>303-398-7400</u>		FAX No. 🕨 303-398-7430			
 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit (box). If it is for part of the group, check this box). I request an automatic 3-month (6 months for a corporation) 	Group Exe and atta	emption Number (GEN) If thi ch a list with the names and EINs of all	s is fo memb	r the whole gr	oup, check this
 1 I request an automatic 3-month (6 months for a corporation <u>August 15, 2013</u>, to file the exempt is for the organization's return for: ▶ x calendar year <u>2012</u> or ▶ tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, ch Change in accounting period 	t organiza	tion return for the organization named a		•	1
 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, converting and the second s	enter any ayment al yment wit	refundable credits and lowed as a credit. h this form, if required,	3a 3b 3c	\$	<u> </u>
Caution. If you are going to make an electronic fund withdrawal w	/ith this Fo	orm 8868, see Form 8453-EO and Form			nt instructions
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.			68 (Rév. 1-2013)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Page 2

► X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Fr

	rt II Additional (Not Automatic) 3-Mo	onth Extensio	n of Time. Only file the origin	al (no c	copies need	ded).
	· · ·					see instructions
Type prin		e instructions				on number (EIN) o
Fileb					84-09208	362
due d filing y		. box, see instruc	tions.	Social s	ecurity numb	er (SSN)
return	See C/O Kundinger, Corder & Engle, P.C.	- 475 Lincol	n Street, Suite 200			
instru	City, town or post office, state, and ZIP code. Denver, CO 80203	For a foreign add	Iress, see instructions.			
Ente	r the Retum code for the retum that this application i	s for (file a separa	te application for each return)			0 1
Appl	ication	Return	Application			Return
ls Fo	pr	Code	Is For			Code
Form	1 990 or Form 990-EZ	01				
Form	1990-BL	02	Form 1041-A			08
Form	n 4720 (individual)	03	Form 4720			09
Form	1990-PF	04	Form 5227			10
Form	n 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	Form 990-T (trust other than above) 06 Form 8870					12
STO	P! Do not complete Part II if you were not already o	ranted an autor	natic 3-month extension on a prev	iously fil	ed Form 886	8.
	Anne Garcia					
	ne books are in the care of 🕨 600 South Cherry	Street, No.	1200 - Denver, CO 80246			
	elephone No. 303-398-7400		FAX No. 🕨 303-398-7430			
• If	the organization does not have an office or place of b	usiness in the Ur	nited States, check this box			🕨 🛄
• If	this is for a Group Return, enter the organization's for					
box			ch a list with the names and EINs of	all mem	pers the exter	nsion is for.
4	I request an additional 3-month extension of time un		15, 2013			
5	For calendar year <u>2012</u> , or other tax year beginn		, and endin			·
6	If the tax year entered in line 5 is for less than 12 mc	nths, check reas	on: L Initial return	_ Final	return	
	L Change in accounting period					
7	State in detail why you need the extension	1-5				
	complete and accurate return.	information	necessary to file a			
	complete and acculate letuin.		·····			
	If this application is for Form 990-BL, 990-PF, 990-T,	4700			1	
80	II THIS APPRICATION IS TO FORTH 990-DE, 990-PF, 990-T,	4720, or 6069, e	iter the tentative tax, less any			0
8a				<u>8a</u>	\$	0.
	nonrefundable credits. See instructions.	COCO antes and	under an alla la superità a superità de la travella de la la superità de la travella de la superità de la travella de la superità de la super		1	
8a b	nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or	-				
	nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayr	-		05		٥
b	nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayr previously with Form 8868.	nent allowed as a	credit and any amount paid	8b	\$	0.
	nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpayr	nent allowed as a your payment wit	credit and any amount paid	<u>8b</u> 8c	\$	0.

Signature & Suyanne K Engle Title . CPA Date 8/8/13 Form 8868 (Rev. 1-2013)

Form 99		age 2
Part		,
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	Rose Community Foundation works to enhance the quality of life of the Greater Denver community through its leadership, resour	ces,
	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	
2	respect of the community and continually strive to earn and sustain that trust by consistent & disciplined adherence to our missic Did the organization undertake any significant program services during the year which were not listed on the	<u>on.</u>
-		No
	If "Yes," describe these new services on Schedule O,	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		No
	If "Yes," describe these changes on Schedule O.	NU
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	hv
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,
	the total expenses, and revenue, if any, for each program service reported.	.,
<u></u>		
4a	(Code:) (Expenses \$ 8,023,689 including grants of \$ 7,054,256) (Revenue \$ 289,097)	
	Rose Community Foundation's key program achievements in 2012 were in three areas.	
	DONOR DEVELOPMENT: Donors and aligned funders contributed \$9,133,000 to the Foundation, nine new advised funds were	
	established and eight new planned gifts were made.	
	FUND DISTRIBUTIONS: Donor's recommended grants totaled \$3,293,000 to a broad range of community interests.	
	ENDOWMENT SERVICES: The Foundation paid out \$2,100,000 to local nonprofit organizations who have established permanent	
	endowments and designated funds at the Foundation.	*******

		~

4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)	
	Rose Foundation (EIN #84-0418124), a supporting organization of Rose Community Foundation, makes grants in five primary last	le
	areas within the seven-county Denver community. A total of \$8,986,000 in unrestricted funds was awarded in 2012 as follows:	
	AGING- \$1,589,000 to support services for older adults, including transportation, direct services, and end-of-life care; CHILD &	
	FAMILY DEVELOPMENT- \$1,590,000 to support early childhood development and education, family self-sufficiency and related pu	Jild
	policy efforts; EDUCATION- \$1,286,000 to improve K-12 teacher quality and support systemic change aimed at closing education	
	achievement gaps; HEALTH- \$1,893,000 to support access to care, cost-effectiveness in health care, health policy initiatives and	
	primary prevention; JEWISH LIFE- \$2,628,000 to help strengthen connections between individuals and the Jewish community, promote Jewish growth and learning, strengthen organizations and develop leaders.	
	(For informational purposes only- activity is not included in the Rose Community Foundation Form 990.)	
	(i of micrimational purposes only- activity is not included in the Rose Community Poundation Porth 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      8,023,689	

•

Form 990 (2012)			Foundation
Part IV Checklist o	f Required	d Schedu	les

84-0920862

If Yes, "complete Schedule A       1       X         2       1 is the arganization required to complete Schedule B, Schedule C Centribution?       2       X         3       Did the arganization required to complete Schedule C, Part I       3       X         4       Section 801(c)(3) arganizations. Did the organization ragage in tobbying activities, or have a section 501(h) election in refers       3       X         5       Is the arganization a section 501(c)(6), 501(				Yes	No
2         Is the organization equived to complete Schedule 0, Contributions         2         X           9         Det the organization equived index for index CP pilled acampaign activities on behalf of or in opposition to candidates for public office? (If 'Yes,' complete Schedule 0, Part I         4         X           4         Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(f) election in effect during the taxy gear N ⁺ res, complete Schedule 0, Part I         4         X           5         Is the organization as addited of Inservae Proceeding C - Part I         6         X           6         Did the organization maintain any denor actived funds or accounts for which, donors have the fight to provide advice on the distribution or investment of anounts in such thands or accounts If Yes, complete Schedule D, Part I         6         X           7         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I         7         X           9         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I         7         X           10         Did the organization, dimetity or through a related organization, hold assets in temporaily matchinde dewoments, permanent andownents, or quasi-adoments II 'N'res,' complete Schedule D, Part V         10         X           11         He organization eport an amount for Investments-progra	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3       Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates tor public officer M*vs, "complete Schedule C, Part I       3       x         4       Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy secrif M*vs, "complete Schedule C, Part I       4       x         5       Is the organization a section 501(c)(6), of 501(c)(6) organization that receives membership dues, assessmerts, or sinhlar amounts as defined in Reverue Procedure 58-101 M*vs, "complete Schedule C, Part I       6       x         7       Did the organization residue any doner advice finds or any sinhlar funds or accounts for which donors have the right of the provides advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I       6       x         9       Did the organization method colectors of works of art, historical trassures, or other similar asset? If "Yes," complete Schedule D, Part I       8       x         9       Did the organization, advice through an atletid organization, hold assets in temporarily restricted endowments, or qualaendowments I/ "Yes," complete Schedule D, Part I       8       x         9       Did the organization and the fullowing queuetion is 1* yes," then complete Schedule D, Part V       11       x         9       Did the organization apport an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets apopleable.       111       x <td></td> <td></td> <td>1</td> <td>X</td> <td></td>			1	X	
public official // "Nes" complete Schedule C, Part //         3         x           4         Sector 501(b) election in effect during the fax year? If "Nes", complete Schedule C, Part //         4         x           5         Is the organization a section 501(c)(d),	2		2	Х	
9         Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(c)(4). Complete Schedule C, Part II         4         X           5         Is the organization activities of S01(c)(4), or 501(c)(5) or 501(c)(6) organization that receives membersing dues, assessments, or sinular annuatis as defined in Review Proceedings esemetrix hindling assemts to previde solution or hindric and the distribution or investment of amounts in such funds or accounts for which donors have the right to provide solution or hold a conservative funding assemts to preserve open space. The environment, historic land areas, or historic structures // "Yes," complete Schedule D, Part I         6         X           6         Did the organization receive model account soft which donors have the right to provide solution or hold a conservative funding assemts to preserve open space. The environment, historic land areas, or historic structures // "Yes," complete Schedule D, Part II         6         X           7         X         8         X         9         X           10         Did the organization mount in Part X, line 21, for second or custodial account liability serve as a custodian for annount for land, buildings, and equipment in Part X, line 107. If Yes," complete Schedule D, Part IV         10         X         10         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 107. If Yes, "complete Schedule D, Part VI         11         X           11         If the organization r	3				
during the tax year, <i>II</i> 'Yes, 'complete Schedule C, <i>Part II</i> 4       X         5       Is the organization a section 501(c), 501(c), 601(c), or 501(c), 601(c), or 501(c), 601(c), or 501(c), 001(c), 00			3		x
5         Is the organization as section 501(c)(4), 01(c)(6) or ganization that receives membership dues, assessments, or similar routins as difined in Revues Precode (9, Part II)         5         X           6         Did the organization calified in Revues Precode (9, Part II)         6         X         6           7         Z         Did the organization calified in Revues Precode to Rold a conservation assents, if U Pss, " complete Schedule D, Part II         6         X           8         Did the organization necevice or hold a conservation assents, if U Pss, " complete Schedule D, Part II         7         X           9         Did the organization received or hold a conservation assents, if U Pss," complete Schedule D, Part II         8         X           9         Did the organization assents, or other similar assets? II "Yes," complete Schedule D, Part II         8         X           9         Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pranatano, micro or through a related organization, is organization assets?         9         X           10         Did the organization report an amount for invostments - other socurities in Part X, line 10? II 'Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for invostments - other socurities in Part X, line 10? II 'Yes," complete Schedule D, Part X         110         X           11         If the organization	4				
similar amounts as defined in Revenue Procedure 98-197 // Yes,* complete Schedule C, Part //       5       x         6       Did the organization maintain any doner advised funds or any similar funds or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doners have the right to provide or hold a conservation easement; including easements to preserve open space, the environment, historic land areas, or historic structures // Yres,* complete Schedule D, Part //       7       x         8       Did the organization roport an amount in Part X, line 21, for escrew or outcold account liability serve as a custodian for anounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation service?       9       x         10       Did the organization, directly or through a relited organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // Yres,* complete Schedule D, Part V       10       x         11       If the organization report an amount for land, buildings, and equipmont in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // Yes,* <i>complete Schedule D, Part V</i> 11a       x         12       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // Yes,* <i>complete Schedule D, Part X</i> 11a       x         13       assoficable. <td>_</td> <td>during the tax year? If "Yes," complete Schedule C, Part II</td> <td>4</td> <td>X</td> <td></td>	_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
6       Did the organization maintain any denor advised funds or accounts for which doors tave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6       X         7       Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         9       Did the organization, maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       8       X         9       Did the organization, diverse as a custodian for amounts not listed in Part X, line 121, for escrow or custodial account liability, enve as a custodian for amounts, or quasi-end owments? If "Yes," complete Schedule D, Part V       10       X         10       Did the organization, diverse any a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments of the following questions in Yes," then complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - organ related in Part X, line 121 ft is 5% or more of its total assets reported in Part X, line 167 if Yes," complete Schedule D, Part V       110       X         11       Did the organization report an amount for investiments - program related in Part X, line 157 th Yes,"	5				
provide advice on the distribution or investment of anounts in such funds or accounts <i>H</i> "Yes," complete Schedule D, Part <i>H</i> 6       x         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical reasures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part <i>H</i> 6       x         8       Did the organization maintain collections of works of art, historical trassures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part <i>H</i> 8       x         9       Did the organization report an amount in Part X, line 121, for eacrow or outsodial account lability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, dabt management, credit regain, or debt negotiation services?       9       x         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>H</i> "yes," complete Schedule D, Part VI       10       x         11       If the organization report an amount for lined, buildings, and equipment in Part X, line 10? <i>H</i> "yes," complete Schedule D, Part VII       11       x         11       Did the organization report an amount for linvestments - program related in Part X, line 10? <i>H</i> "yes," complete Schedule D, Part XII       11       x         11       Did the organization report an amount for linvestments - program related in Part X, line 10? <i>H</i> "Yes," complete Schedule D, Part XII       11       x         11	-		5		x
7       Did the organization receive or hold a conservation easements, including easements to preserve open space, the environment, historic land areas, or historio structure? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part III.       8       X         9       Did the organization, export an amount In Part X, line 21, for escrow or outstolail account liability; serve as a custodain for amounts not listed in Part X, line 11, for escrow or outstolail account liability, error as a custodain or amounts or quasi-endowments, orequasi-aduasi and protendowments, orequasi-endowments	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.     7     x       8     Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.     8     x       9     Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, line 160 ming questions is "Yes," then complete Schedule D, Part V.     9     X       10     Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.     11     X       11     Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.     111     X       11     Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V.     111     X       11     Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of lis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X     111     X       11     Did the organization separate or consolidated financial statements for the	-		6		
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization's complete Schedule D, Part V       9       X         11       If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, VII, VII, VII, VI, or X as applicable.       10       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII       11       X         b Did the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11       X         c Did the organization report an amount for threstments - other asset IP and X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       11       X         c Did the organization separate or consolidated financial statements for the tax year include a footnot that addresses the organization separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X       11       X         11       X       11       X<	1				
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       x         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent on downents and the organization services?       y       x         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       x         12       Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII       11a       x         13       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11a       x         14       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11d       x         14       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       x         15       Did the organization report an amount for other assets reported in Part X, line 15? If "Yes," complete Schedule D, Part	~				x
9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV         9         x           10         Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part Vi         11a         X           12         Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part Vi         11a         X           13         Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII         11a         X           14         X         11d         X         11a         X           15         Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X         11d         X           16         Did the organization report an amount for other tabilities in Part X, line 25 If 'Yes,' complete Schedule D, Part X         11f	8		8		x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?     g     x       10     Did the organization, field counseling, debt management, credit repair, or debt negotiation services?     g     x       10     Did the organization cuptot yor through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V     10     x       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V     11a     x       12     Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI     11a     x       13     Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII     11b     x       14     Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII     11c     x       11     Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X     11e     X       12     Did the organization otain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X     11e     X       13     the organization included in consol	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
If "Yes," complete Schedule D, Part IV       9       x         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       x         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       x         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       x         13       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       x         14       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       x         14       Did the organization report an amount for other alseal statements for the tax year induce a foothore that addresses the organization report an amount for other alseal statements for the tax year induce a foothore that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization nachould consolidated, independent audited financial statements for the tax year?       11f       X					
<ul> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V</li> <li>11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VI, V, or X as applicable.</li> <li>a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization separate or consolidated financial statements for the tax year include a fother tat addresses the organization separate or consolidated financial statements for the tax year?</li> <li>c Did the organization separate or consolidated financial statements for the tax year?</li> <li>d Did the organization adv XII</li> <li>t Did the organization advities outside the United States?</li> <li>t Did the organization advities outside the United States?</li> <li>t Did the organization advities outside the United States?</li> <li>t Did the organization advities outside the United States?</li> <li>t Did the organization report on Tant X, column (A</li></ul>			9		x
endowments, or quasiendowments? If "Yes," complete Schedule D, Part V     10     x       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, X, or X as applicable.     a)       a)     Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI     11       b)     Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII     11b     X       c)     Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII     11c     X       d)     Did the organization report an amount for other iabilities in Part X, line 25? If "Yes," complete Schedule D, Part X     11td     X       f)     Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X     11te     X       12a     Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X     11tf     X       12a     X     11d     X     11d     X       12a     X     11d     X     11d     X       12a     X     11d     X     11d     X	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.       111       IX         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11d       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization sched eschedule I, near X, line 26? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization asset encomplet in active financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a			10	x	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /f "Yes," complete Schedule D, Part VI       11a       x         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11b       x         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11b       x         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part XI       11c       x         d Did the organization's separate or consolidated financial statements for the tax year?       11d       x       11e       x         f Did the organization's separate or consolidated financial statements for the tax year?       11f       x       11e       x         f W Yes," and if the organization separate, independent audited financial statements for the tax year?       11f       x       12a       x         13 Is the organization maintain an office, employees, or agents outside of the United States?       14a       x       14a       x         b Did the organization maintain an office, employees, orgaents outside of the United States?       14a       x       14b       x         14 <td< th=""><td>11</td><td></td><td></td><td></td><td>2013</td></td<>	11				2013
Part VI       11a       x         b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       x         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       x         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       x         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       x         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       x         e       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       x         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       x         13       Is the organization maintain an office, employees, or agents outside of the United States?       12a       x         14a       X       Did the organization maintain an office, employees, or ager		as applicable.			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VII       11b       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part IX       11c       X         e Did the organization report an amount for other ilabilities in Part X, line 257 /f "Yes," complete Schedule D, Part X       11d       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X       12a       X         13       Is the organization an answerd "No" to line 12a, then completing Schedule D, Part X XIII s optional       12b       X         14a       X       13a       X         14b       It de organization maintain an office, employees, or agents ouside of the United States?       14a       X         14b       It de or	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	on no ang s	an a
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       x         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       x         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       x         e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       x         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization bialbility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization nobial separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       x         13       Is the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       x         14a       Did the organization maintain an office, employees, or agenes outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of gareast or assistance to any organization repor		Part VI	11a	x	
c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       11f       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XI is optional       11a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organiz	b				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       110       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in       111       X         Part X, line 16? If "Yes," complete Schedule D, Part IX.       111       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization negorian separate, independent audited financial statements for the tax year?       111       X         12b       X       X       12b       X       12b       X         13       Is the organization namintain an office, employees, or agents outside of the United States?       131       X         14a       Did the organization navered "No" to line 12a, then completing Schedule E, Parts XI and XII is optional       142       X         14a       Did the organization nave agregate revenues		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization neord on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         14b       X       16       X       11b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15 <td>С</td> <td></td> <td></td> <td></td> <td></td>	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization batin separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         12a       X       12a       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
e Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         b Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule	d				1
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       x         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate gra			11d		x
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization on or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       14b       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       16       X         18       Did the organization report on Part IX, column (A), line 3, more			11e	X	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       x         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       x         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional       12b       x         14a       Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       x         14b       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       x         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garsts or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV       15       x         16       x         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV       16       x <td< th=""><td>f</td><td></td><td></td><td></td><td></td></td<>	f				
Schedule D, Parts XI and XII       12a       x         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       x         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       x         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       x         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       x         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       x         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargets or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       x         16       x         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       16       x         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part			11f	x	
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       120         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organi	12a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       x         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       16       x         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 4, for the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 4, for the organization report more than \$15,000 of gross income from gaming activities on Part V			12a		x
<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>14 Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> <li>18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> </ul>	b				
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X			12b	x	
<ul> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> </ul>					<u> </u>
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       x         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15       x         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15       x         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17       x         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines for and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 17       x         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       x         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19       x         20a       X			14a		X
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	b				
<ul> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li></ul>			ł		
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X			14b		_X
<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a X</li> </ul>	15				
Iocated outside the United States? If "Yes," complete Schedule F, Parts III and IV       16       x         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       x         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       x         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       x         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	40	Did the exemption of the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i></li></ul>	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			_
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	47	Did the organization report a total of more than \$15,000 of ownerses for preferring 16 m did have a state of more than \$15,000 of ownerses for preferring 16 m did have a state of the stat	16		
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       x         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       x         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       x	12	Did the organization report more than \$15,000 total of fundraising event group income and contributions are Dect VIII.	<u>  17</u>		<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	10		1	l	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	10		<u>אר</u>		<u> </u>
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	19		10		x
	<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			<u> </u>
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20a		

Form 990 (2012)

Ŗ

Form	990	(2012)

Rose Community Foundation

		Schedules	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~~	Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	~ ~		v
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	~ -		**
<b>~</b> ~	of any of these persons? If "Yes," complete Schedule L, Part III	_27	Yanataa	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):		SAN A	
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in Non-cash contributions 7 in res, complete Schedule in	29		<u> </u>
30		00		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_02		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
01	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		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	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			000	

Form 990 (2012)

84-0920862

Page 4

Form	990 (2012) Rose Community Foundation	84-0920862	1	Р	age <b>5</b>
Par					
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 5	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	o		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?	······	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 3	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		x
b	If "Yes," enter the name of the foreign country:	····			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	0			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [		<i>Here</i>		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any time during the year?	8	194.447 (PMp)	X
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		<u>9a</u>		X
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	Serve (Kinday	X
10	Section 501(c)(7) organizations. Enter:	1 1			
a	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	I. I			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b		3340	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	Chine Marrie	State - A.
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1. Salasan	a la factoria de la
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand				
			14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ие U	14b		

Form	990	(2012)

_				-
	990 (2012) Rose Community Foundation 84-09208		P	age <b>6</b>
a a	<b>Context</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	ra "No" i	respon	se
				<b></b>
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management		· · · · · · · · · · · · · · · · · · ·	<del></del>
		1080 D	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	9524319A/A94
з	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u> </u>
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?		-	x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···		<u> </u>
74		70		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		
b				
•	persons other than the governing body?	and Sector Sector	i dista	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1994		15806
a	The governing body?	<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	1
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?		x	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	x	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	1994		498266
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	a 1998-1995 (
	Other officers or key employees of the organization			x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.082.982
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
. ou		46-		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
u				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	[ 16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	ııy) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	, and fina	ancial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the orga	nization ^{, l}		

600 South Cherry Street, No. 1200, Denver, CO 80246

²⁰ State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2		84-0920862	D <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com Employees, and Independent Contractors	pensated	Page <b>7</b>
	Check if Schedule O contains a response to any question in this Part VII		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one			) #la		Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	nd a d	irecto	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	er di	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ruste	li trus		66	npen		(W-2/1099-MISC)		organization
	below	dual t	Institutional trustee		m plo	stcol	-			and related organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jennifer Atler Fischer	1.00							·······		
Chair	1.00	x		x				0.	0.	٥.
(2) Rob Klugman	1.00				-					
Secretary	1.00	x		x				0.	0.	0.
(3) Milroy A. Alexander	1.00					$\square$				
Trustee	1.00	x						0.	ο.	0.
(4) Judy Altenberg	1.00					<u> </u>				<u> </u>
Trustee	1.00	x						0.	0.	0
(5) Lisa Reckler Cohn	1.00					<u> </u>				0.
Trustee	1.00	x						0.	0.	0
(6) Stephanie Foote	1.00					<u> </u>				0.
Trustee	2.00	x						0.	0.	0
(7) Jerrold L. Glick	1.00									0.
Trustee	1.00	x						0.	0.	0
(8) Katherine Gold	1.00								<u>,</u>	0.
Trustee	1.00	x						ο.	0.	<u>^</u>
(9) Douglas L. Jones	1.00				_		-			0.
Trustee	1.00	x						ο.	0.	0
(10) Helayne B. Jones, Ed. D.	1.00				-				<u>_</u>	0.
Trustee	1.00	x						0.	0.	0
(11) William N. Lindsay, III	1.00		-							0.
Trustee	1.00	х						0.	0.	•
(12) Evan Makovsky	1.00			,						0.
Trustee	1.00	x						0.	0.	0
(13) Ronald E. Montoya	1.00							<u>·</u>		0.
Trustee	1.00	x						0.	0.	•
(14) Monte Moses	1.00	·							Ū.	0.
Trustee	1.00	x						0.	0.	•
(15) Neil Oberfeld	1,00							<u>.</u>		0.
Trustee	1.00	x						0.	<u>,</u>	•
(16) Dean Prina, M.D.	1.00							<u>_</u>	0.	0.
Trustee	1.00	x			1			0.		-
(17) Irit Waldbaum	1.00							· · · ·	0.	0.
Trustee		x		,				0.	<u>,</u>	-
232007 12-10-12	_,,,,							L	0.	0.

232007 12-10-12

Form 990 (2012) Rose Communit									84-092086	2	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c	(C Pos heck ss pe	<b>C)</b> ition more rson		one han	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	Estin amo	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compe from organ and r	ensation n the lization related zations
(18) Sheila Bugdanowitz	16.00										
President & CEO	24.00			х				111,301.	171,33	3.	25,880.
(19) Anne Garcia	16.00			.,				FC 400	05.04	_	
Treasurer, CFO & COO (20) Marjorie Gart	24.00			X				56,482.	86,94	<b>b</b> .	17,926.
Dir. of Philanthropic Sycs	24.00			x				29,622.	45,59		0
(21) Elsa Holguin	0.00			<u>^</u>				25,022.	43,35	· ·	0.
Program Officer	40,00					x		0.	140,43	o.	16,982.
(22) Lisa Farber-Miller	0.00					+					10,501
Program Officer	40.00					x		0.	118,77	в.	15,491,
								·			
· · · · · · · · · · · · · · · · · · ·										·	
1b Sub-total	I	I	- <u> </u>	<u> </u>			1	197,405.	563,08	6.	76,279,
c Total from continuation sheets to Part V								0.		0.	. 0
d Total (add lines 1b and 1c)		<u></u>						197,405.	563,08	6.	76,279
2 Total number of individuals (including but n compensation from the organization	ot limited to th	nose	list	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportable		1
<b>3</b> Did the organization list any <b>former</b> officer,											'es No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su and related organizations greater than \$15</li> </ul>	im of reportab	le c	omp	ens	atior	n an	d ot	her compensation from	the organization		X
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i></li> </ul>	accrue compe	nsat	tion	from	n any	y uni	relat	ted organization or indiv	idual for services		X
Section B. Independent Contractors	piete ocriedui	0	013	uun	per	3011				. 5	X
1 Complete this table for your five highest co the organization. Report compensation for										ensation fro	m
(A) Name and business			NE			01 11		(B) Description of		(C) Compens	ation
						·					
							••••				
											<u> </u>
2 Total number of independent contractors ( \$100,000 of compensation from the organi	-	not I	imite	ed to	o the	ose li 0	ste	d above) who received i	more than		

Form					Found	lation			84-0920862	Page 9
A Mark	e an	(sea)	Check if Schedule O conta		oneo		in this Dort VIII			
			Oneck if Schedule C Conta				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1	a					
Ga		b	Membership dues	1	b					
Å,		с	Fundraising events	1	c	9,347.				
la Cit		d	Related organizations	1	d	1,487,350.				
ns,			Government grants (contributi		e					
i i i			All other contributions, gifts, grant							
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included abov		f	9,289,862.				
gg			Noncash contributions included in lines							
<u>5</u>		h	Total. Add lines 1a-1f				10,786,559.			
Program Service Revenue	2	a b	Administrative fees		Business Code 561000	289,097.	289,097.			
Ser		2			<del></del>					
an e		d b								·
Бщ.		ē					······································			
P		f	All other program service reve	nue						
			Total. Add lines 2a-2f				289,097.		2000 (MC 2000 MAR)	
	3	24	Investment income (including							
			other similar amounts)				381,108.			381,108,
	4		Income from investment of tax							
	5		Royalties							
				(i) Re	al	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)	L.,						
						🕨	tanks without on an entrit we exist that investors at the 2014			
	7	а	Gross amount from sales of	(i) Secur		(ii) Other				
			assets other than inventory	516	,445.					
		b	Less: cost or other basis		0.					
		_	and sales expenses	516	445.					
			Gain or (loss)			<b>I</b>	516,445.			E16 AAE
			Net gain or (loss) Gross income from fundraising			····· 🕨	510,445.			516,445
nue	0	a	including \$ 9		ιοι					
evel			contributions reported on line							
r Re			Part IV, line 18	-	а	4,628.				
Other Revenue		b	Less: direct expenses							
0			Net income or (loss) from func			····· •	0.		19-90-900-900-900-900-900-900-900-900-90	
			Gross income from gaming ac	-				and the second		
			Part IV, line 19							
		b	Less: direct expenses							Meter contract
		С	Net income or (loss) from gam	ing activiti	es	<b>&gt;</b>				
	10	а	Gross sales of inventory, less							
			and allowances			299,537.				Contraction of the
			Less: cost of goods sold			172,999.	<ul> <li>Description of the second s </li> </ul>			
		C	Net income or (loss) from sale		ory		126,538.			126,538
		-	Miscellaneous Revenu	e		Business Code				
	11			······································						
		b	······							
		ט ה	All other revenue							
		d P	All other revenue							
	12	9	Total revenue. See instructions.	••••••	• • • • • • • • • •	····· 🖌	12,099,747.	289,097	0.	1,024,091
23200 12-10		-					,,-	<u> </u>		Form <b>990</b> (2012)

Rose Community Foundation

84-0920862

Page 10

#### 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). Check if Schedule O contains a response to any question in this Part IX (Å) Total expenses (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to governments and 1 organizations in the United States. See Part IV, line 21 7,029,713 7,029,713 2 Grants and other assistance to individuals in the United States, See Part IV, line 22 24,543 24,543 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 214,656 12,343 64,976, 137,337. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 793 441. 311,906 154,653 326,882. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 36,151, 11,320 7,975 16,856. 84,875 Other employee benefits 26,534 18,737 39,604. 9 61,638. 18,367 13,897, 29,374. Payroll taxes 10 Fees for services (non-employees): 11 a Management 10,047. 10,047. b Legal c Accounting Lobbying d Professional fundraising services. See Part IV, line 17 e 42,855 42,855, Investment management fees Ŧ Other, (If line 11g amount exceeds 10% of line 25, α 89,946 20,816 45,045 column (A) amount, list line 11g expenses on Sch O.) 24,085. Advertising and promotion 12 59,865, 2,849 25,321, Office expenses 31,695. 13 Information technology 14 15 Royalties 104,712. 6,021, 31,696 66,995. 16 Occupancy _____ 35,807. 2,130 10,817 17 22,860. Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest ..... Payments to affiliates 21 3,245 3,245 22 Depreciation, depletion, and amortization 14,058, Insurance 808 4,256 8,994. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) (..... Other Pgm. Initiatives 551,220 551,220 а Administrative Fees 127,313. 127,313 h Communications 65,451, 5,119 30,971, С 29,361, d e All other expenses Total functional expenses. Add lines 1 through 24e 9,349,536. 8,023,689 591,804 734,043. 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

232010 12-10-12

Check here 🍉

educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S.		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	•••••			7	
As	8	Inventories for sale or use	•••••		34,382.	8	30,290.
	9				48,502.	9	52,029.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		394,988.	52,219.	10c	51,548.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			52,406,166.	12	57,705,017.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	•••••			14	
	15	Other assets. See Part IV, line 11			696,231.	15	731,256.
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	59,107,481.	16	66,132,005.
	17	Accounts payable and accrued expenses			1,166,239.	17	1,062,828.
	18	Grants payable			841,961.	18	837,892.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
SS	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
iab		key employees, highest compensated employee					
-		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X of			
-		Schedule D			31,794,626.		32,910,696.
	26	Total liabilities. Add lines 17 through 25			33,802,826.	26	34,811,416.
		Organizations that follow SFAS 117 (ASC 958	), che	ck here 🕨 🔟 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				2.
anc	27	Unrestricted net assets			20,279,112.	27	24,979,129.
3ali	28	Temporarily restricted net assets			4,735,323.		6,051,240.
lbr	29	Permanently restricted net assets			290,220.	29	290,220.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🛄			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ec			31		
let,	32	Retained earnings, endowment, accumulated in			32		
Z	33	Total net assets or fund balances			25,304,655.		31,320,589.
	34	Total liabilities and not assots/fund balances			59,107,481.	34	66,132,005.

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X

Form 990 (2012)

1

2

3

4

5

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 1

2

3

4

5

(A)

Beginning of year

4,323,478,

1,126,876

419,627

Page 11

4,813,219.

2,362,230.

386,416.

**(B)** End of year

Form 990 (2012)

Form	990 (2012) Rose Community Foundation	84-0920862	F	-age <b>12</b>
Pa	TX Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	•••••		x
<b></b>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,09	9,747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,34	19,536.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,75	50,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,30	4,655.
5	Net unrealized gains (losses) on investments	5	1,32	20,513.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	_8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,94	15,210.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	31,32	20,589.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		<u></u>	
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	••••••	2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
Ċ	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?	•••••	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form 990 (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

¢

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047 20 2 Open to Public Inspection

				im 330-⊏ <b>∠. ⊯</b> 0ee a	leparate matrictions			2,27,2,2,5	相同的			
Name of	the organizati	on				Employer i	dentificatio	n nur	mber			
			ity Foundation				-0920862					
Part I	Reason	for Public Chari	<b>ty Status</b> (All organiz	ations must complete	this part.) See instru	ctions.						
The organ	nization is not a	private foundation I	because it is: (For lines 1	through 11, check o	nly one box.)							
1	A church, cor	nvention of churches	s, or association of chur	ches described in <b>sec</b>	tion 170(b)(1)(A)(i).							
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🛄	A hospital or	a cooperative hospit	al service organization a	described in <b>section</b>	170(b)(1)(A)(iii).							
4	A medical res	earch organization o	perated in conjunction	with a hospital descri	bed in section 170(b)	(1)(A)(iii). Enter ti	he hospital's	nam	ie,			
	city, and stat	e:										
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). (Comple	ete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	An organizati	on that normally rec	eives a substantial part	of its support from a g	jovernmental unit or f	rom the general p	oublic descri	bed ir	n			
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete Part II.)								
9 📖	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its support fr	om contributions, mer	nbership fees, ar	nd gross rece	eipts f	from			
	activities rela	ted to its exempt fur	nctions - subject to certa	in exceptions, and (2	) no more than 33 1/3	% of its support	from gross ir	nvesti	ment			
	income and ι	Inrelated business ta	axable income (less sect	tion 511 tax) from bus	inesses acquired by t	he organization a	after June 30	), 197	'5.			
	See section	509(a)(2). (Complete	Part III.)									
10 🛄	An organizati	on organized and op	erated exclusively to te	st for public safety. S	ee section 509(a)(4).							
11	An organizati	on organized and op	perated exclusively for th	ne benefit of, to perfo	rm the functions of, o	r to carry out the	purposes of	one o	or			
	more publicly	v supported organiza	tions described in secti	on 509(a)(1) or sectio	n 509(a)(2). See <b>secti</b>	on 509(a)(3). Che	eck the box t	hat				
	describes the	e type of supporting	organization and compl	ete lines 11e through	11h.							
	a 🛄 Type I	b 🗔 Ty	rpell c└──」T	ype III - Functionally ir	ntegrated dL	Type III - Nor	n-functionally	integ	grated			
e 📖	By checking	this box, I certify tha	t the organization is not	controlled directly or	indirectly by one or m	ore disqualified	persons othe	ər thai	'n			
	foundation m	anagers and other t	han one or more publicly	y supported organiza	tions described in sec	tion 509(a)(1) or :	section 509(a	a)(2).				
f	If the organiz	ation received a writ	ten determination from t	the IRS that it is a Typ	be I, Type II, or Type II							
	supporting o	rganization, check th	is box						. Ш			
g			rganization accepted ar		-		-					
		-	irectly controls, either al	-				Yes	No			
			upported organization?									
			i described in (i) above?						ļ			
			person described in (i)				11g(iii)					
h	Provide the f	ollowing information	about the supported or	ganization(s).								
	<u></u>	·	r	Тт		6.01.0						
• •	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization	(v) Did you notify the	(vi) Is the ganization in col.	(vii) Amount o	of mor	netary			
orc	ranization	1	(described on lines 1-9	moon, (r) iistea iii youri	organization in col. 7	organized in the	sunn	ort				

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the organization ( in col. (i) listed in your governing document? (		organizat	u notify the ion in col. support?	(VI) is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
•									
-									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 Rose Community Foundation Part II Support Schedule for Organizations Described

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·		
Cale	ıdar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	14,676,087.	4,869,385.	3,837,627.	4,576,934.	10,786,559.	38,746,592.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
з	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	14,676,087.	4,869,385.	3,837,627.	4,576,934.	10,786,559.	38,746,592.	
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)						P 500 004	
~							8,529,834. 30,216,758.	
	Public support. Subtract line 5 from line 4.						30,210,758.	
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(4) 2011	(a) 2012	(A Total	
	Amounts from line 4	14,676,087.	4,869,385.	3,837,627.	(d) 2011 4,576,934.	(e) 2012 10,786,559.	(f) Total 38,746,592.	
			1,000,000,	5,057,027.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	10,700,555.	50,740,352.	
0	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	150 505	הכא כרר	300 503	FC2 067	201 100	1 706 500	
-	and income from similar sources	159,585.	223,437.	399,593.	563,067.	381,108.	1,726,790.	
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.)						····	
	Total support. Add lines 7 through 10						40,473,382.	
	Gross receipts from related activities,	•	,			12	3,136,215.	
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501 <u>(</u> c)(3)		
0	organization, check this box and stop	bhere					<b>)</b>	
	tion C. Computation of Publ					<u> </u>		
	Public support percentage for 2012 (					14	74.66 %	
	Public support percentage from 2011					15	86.23 %	
<b>1</b> 6a	33 1/3% support test - 2012. If the							
	stop here. The organization qualifies							
b	b 33 1/3% support test - 2011. 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 qua	lifies as a publicly	supported organiz	ation		•••••••••••••••••••••••••••••	▶∟_	
<b>1</b> 7a	17a 10% -facts-and-circumstances test - 2012. 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 "fac							
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization			
b	10% -facts-and-circumstances tes	<b>t - 2011.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets t				• •			
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publi	cly supported org	anization		
18	Private foundation. If the organization							

Schedule A (Form 990 or 990-EZ) 2012

¥

84-0920862

### Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			1			
	include any "unusual grants.")	· ·					
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
. 5	are not an unrelated trade or bus-						
	incoa under eaction E19						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b			-			
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
	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						
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1			
14	First five years. If the Form 990 is fo				•		· · · · · · · · · · · · · · · · · · ·
60	check this box and stop here	lie Cumpert De					<u></u>
-	ction C. Computation of Pub					<u> </u>	·
	Public support percentage for 2012 (					15	%
16	Public support percentage from 201					16	%
	ction D. Computation of Inve		· · · · · · · · · · · · · · · · · · ·		······	· · · · · · · · · · · · · · · · · · ·	·····
17	1 5					17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟_
ł	<b>33 1/3% support tests - 2011.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

SCHEDULE C	P	olitical Campaign a	and Lobbyin	g Activities	5	OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-		2012
Department of the Treasury Internal Revenue Service						
If the organization answ	wered "Yes," to	Form 990, Part IV, line 3, or For	n 990-EZ, Part V, line	e 46 (Political Camp	aign Ac	tivities), then
· · · · · •		plete Parts I-A and B. Do not com				
		01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	ırt I-B.	
Section 527 organiza	•					
		Form 990, Part IV, line 4, or Form				
		have filed Form 5768 (election uno have NOT filed Form 5768 (electio				
		Form 990, Part IV, line 5 (Proxy				•
		tions: Complete Part III.		., i ait <b>i</b> , inc coc (i		,
Name of organization					Employ	er identification number
		ity Foundation				84-0920862
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section {	527 org	anization.
		ation's direct and indirect political				
					🏲 💲	
3 Volunteer hours	••••••				····· <u> </u>	
Part I-B Comple	ete if the orc	anization is exempt unde	r section 501(c)(	3)		
Construction of the second second		incurred by the organization unde			► \$	
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955		► \$ ⁻	
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m	ade?					Yes No
b If "Yes," describe in the interval of the	n Part IV.					
CONTRACTOR AND A CONTRACTOR		anization is exempt unde				(3).
		by the filing organization for sect			▶\$_	
		ization's funds contributed to othe	-		▶ \$	
3 Total exempt function ac	ion expenditures	Add lines 1 and 2. Enter here an			🏲 🦫 🔔	· · · · · · · · · · · · · · · · · · ·
	-				▶ \$	
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes No
		nployer identification number (EIN				
		tion listed, enter the amount paid				
contributions receiv	ved that were pr	omptly and directly delivered to a	separate political orga	inization, such as a	separate	segregated fund or a
		additional space is needed, provid				
<b>(a)</b> Name	•	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political ontributions received and
				funds. If none, en	ter •0-,	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
·····						······
	.,					
				1		·····
<u></u>						
		·				
Para Barra and Barra		a a a Ale a Tura Anno Ale an a Ale a 🗸 🖉 👘				

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

Schedule C (Form 990 or 990-EZ) 2012

•

Schedule C (Form 990 or 990-EZ) 2012 Rd	ose Community Fo	undation		84-092	0862 Page <b>2</b>		
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768							
(election under section 501(h)).							
			Part IV each affiliated	group member's nam	e, address, EIN,		
expenses, and share		• •					
B Check L if the filing organization	on checked box A an	d "limited control" pro	visions apply.		11- X - A COLL - 1 - 1		
	on Lobbying Expen			(a) Filing organization's	(b) Affiliated group totals		
(The term "expendi	tures" means amou	nts paid or incurred.)		totals	totalo		
1a Total lobbying expenditures to influe	ence public opinion (a	arass roots lobbying)		33,570.			
b Total lobbying expenditures to influe				,			
c Total lobbying expenditures (add lin				33,570.			
d Other exempt purpose expenditures				8,581,923.			
e Total exempt purpose expenditures				8,615,493.			
f Lobbying nontaxable amount. Enter	the amount from the	following table in both	h columns.	580,775.			
If the amount on line 1e, column (a) or	(b) is: The lob	oying nontaxable amo	ount is:				
Not over \$500,000	20% of t	he amount on line 1e.					
Over \$500,000 but not over \$1,000,		0 plus 15% of the exc					
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc					
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.				
Over \$17,000,000							
	or QEN/ of line 1f)			145,194.			
<ul> <li>g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. if zero</li> </ul>	143,194.						
i Subtract line 1f from line 1c. If zero				0.			
j If there is an amount other than zero					l		
reporting section 4911 tax for this ye		•		[	Yes No		
······································		raging Period Under					
			n do not have to com s 2a through 2f on pa				
· · ·	Lobbying Expen	ditures During 4-Yea	ar Averaging Period				
Calendar year							
(or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Totai		
	468.000						
2a Lobbying nontaxable amount	467,896.	463,066.	564,753.	580,775.	2,076,490.		
b Lobbying ceiling amount (150% of line 2a, column(e))					2 114 725		
					3,114,735.		
c Total lobbying expenditures			1,884.	33,570.	35,454.		
d Grassroots nontaxable amount	116,974.	115,767.	141,188.	145,194.	519,123.		
e Grassroots celling amount	i.						
(150% of line 2d, column (e))					778,685.		
f Grassroots lobbying expenditures			1,884.	33,570.	35,454.		
				Schedule C (Form	990 or 990-EZ) 2012		

۷

Schedule C	(Form 990	or 990-EZ)	2012	Rose	Community	Foundation
------------	-----------	------------	------	------	-----------	------------

### 84-0920862 Pairt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(k	) )
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Other activities? Total. Add lines 1c through 1i				
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If III-A Complete if the organization is exempt under section 501(c)(4), section 5	on 501(c	)(5), or se	ection	
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	103	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
З	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		·-···
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No," C	R (b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).				
b	Current year Carryover from last year		2b		
3	Total         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 ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
· · · · · · · · · · · · · · · · · · ·	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A (affi	liated group	list); Part I	I-A, line 2;
and	Part II-B, line 1. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.



Name of the organization	Name	of the	organizatio
--------------------------	------	--------	-------------

Nam	e of the organization Rose Community Foundation		Employer identification number 84-0920862
Pa		Funds or Other Similar Funds o	
( diasaa	organization answered "Yes" to Form 990, Part IV, line		A ACCOUNTS. Complete if the
	organization answered Tes to Form 990, Part IV, ille	(a) Donor advised funds	(b) Funds and other accounts
	Tabel would be used affine an	64	
1	Total number at end of year		
2	Aggregate contributions to (during year)	6,676,123.	
3	Aggregate grants from (during year)	3,293,268.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		X Yes No
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation)	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru	icture included in (a)	20
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
з	Number of conservation easements modified, transferred, rele		
Ŭ	year >	succes, extinguished, or terminated by the o	rganzation during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7			
	Amount of expenses incurred in monitoring, inspecting, and e	-	-
8	Does each conservation easement reported on line 2(d) above		
~	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the	e organization's accounting for
Da	conservation easements. Conservation easements. Conservations Maintaining Collections of	Art Historical Treasures or Oth	ou Oincilou Accede
्रत्य			ier Similar Assets.
	Complete if the organization answered "Yes" to Form S		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publi	c 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 trea		
	the following amounts required to be reported under SFAS 11		· · · ·
а	Revenues included in Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		
			······ * *

Marca and Annual State		ity Foundation				84-09208			ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Ot	her Sim <mark>i</mark> l	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the t	following that are a	significant	use of its	collectior	n items	; ;
	(check all that apply):								
а	Public exhibition	d	Loan or exch	nange programs					
b	Scholarly research	е	Other	- · -					
с									
4	Provide a description of the organization's co	ellections and explair	how they further th	ne organization's e	xempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma					[	Yes		No
	t IV Escrow and Custodial Arrang								
1.00.000.000.0	reported an amount on Form 990, Par		·····						
 1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets n	ot included			•	
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII						- 100	L	110
~			ioning table.			Γ	Amount		
С	Reginning balance				1c		Amount		
	Additions during the year					<u> </u>			
	Additions during the year					<del> </del>			
-	Distributions during the year					<u> </u>			
f	Ending balance Did the organization include an amount on Fo					<u></u>	Vee		
							Yes		No
	If "Yes," explain the arrangement in Part XIII.							J	
						unavo haali			
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four		
	Beginning of year balance	431,045.	455,477.	468,540		452,220.		556,	220,
	c Net investment earnings, gains, and losses 32,951. 486. 37,823. 89,829.							<99,000.>	
	Grants or scholarships	6,891.	24,918.	50,886	·	73,509.	5,000.		
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance	457,105.	431,045.	455,477	/.	468,540.		452,	220.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	ι)) held as:					
а	Board designated or quasi-endowment 🕨	.00	_%						
b	Permanent endowment  63.49	%							
С	Temporarily restricted endowment	36.51 %							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100% .							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered fo	or the organ	ization			
	by:						Γ	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		x
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the					•••••	· []	l,	
	t VI Land, Buildings, and Equipm								
CONTRACTOR OF	Description of property	(a) Cost or o		or other (c	Accumula	ted	(d) Bool		
	Booshphon of property	basis (investr			depreciatio		( <b>u)</b> D001	value	;
12	Land							45	200.
						9968年1月1日 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997年 1997 1997		<u> </u>	<u> </u>
	Buildings			27,307.		,864.			443.
	Leasehold improvements		·····			,		J,	<u></u>
	Equipment			374,029.	2 7 1	,124.			0.05
	Other		V oolume (D) II		5/1	,144.		Statistics of the local division of the loca	905.
Tota	I. Add lines 1a through 1e. (Column (d) must e	quai rorm 990, Part	ʌ, coiumn (B), line 1	U(C).)	<u>.</u>				548.
						Schedule	e D (Form	n 990)	2012

Schedule D (Form 990) 2012 Rose Community Fo			84-0920862	Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market	t value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) Investments held by Rose Foundation	57,705,017.	End-of-Year Market	Value	
<u>(</u> B)	· · · · · · · · · · · · · · · · · · ·			
(C)			····	
(D)	·····			
(E)				
(F)	· · · · · · · · · · · · · · · · · · ·			
(G)		· · · · · · · · · · · · · · · · · · ·		
			······	
<u>(H)</u>				·.
(I)	E7 70E 017		e de la companya de l	anti anti ana bio
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				ent gener
Part VIII Investments - Program Related. Se (a) Description of investment type			Opert en en el ef	
	(b) Book value	(c) wethod of valuation:	Cost or end-of-year marke	i value
(1)				
(2)			· . · · · · · · · · · · · · · · · · · ·	
(3)				····
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			······································	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				ana an
Part IX Other Assets. See Form 990, Part X, line	15.			
(a) [	Description	······································	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				<u> </u>
(8)				
(9)	·····			
(10)		······································	·····	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities. See Form 990, Part X, I	ine 25		<b>&gt;</b>	
		(b) Book value		at the second
tertine and the second s	·····			
(1) Federal income taxes (2) Charitable remainder annuity trust		17.200		
		17,396.		
(3) Agency and other funds held on behalf	or others	32,893,300.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				Seconda.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 25.)	32,910,696.		
		Tools we are the	ints that reports the organ	ization's
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex liability for uncertain tax positions under FIN 48 (ASC 7				ization's

.

Sche	dule D (Form 990) 2012 Rose Community Foundation		84-0920862 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	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:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
з	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
C	Other losses		
d			
е	Add lines 2a through 2d		2e
з	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		1
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a and 4; Part IV, lines 1	Ib and 2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		
	V, line 4: The Foundation holds endowment and other funds on		
beha	lf of others. Distributions from these funds provide operating	Ţ	
sup	oort for the activities of the endowed nonprofit organizations.	As	
such	, these funds provide long term financial support to supplement	the	
orga	nizations' annual fundraising efforts.		
Part	X, Line 2: The Foundation and its nonprofit supporting	•	
orga	nizations have been determined to be exempt from federal income	e taxes	

Schedule D (Form 990) 2012

٠

#### Schedule D (Form 990) 2012

Rose Community Foundation

Part XIII Supplemental Information (continued)

under Section 501(c)(3) of the Internal Revenue Code. The supporting

organizations were established under the provisions of Section 509(a)(3)

of the Internal Revenue Code. The Foundation is responsible for

expenditures of the supporting organizations for specific charitable

purposes.

The Foundation, including its nonprofit supporting organizations, follow

the Accounting for Uncertainty in Income Taxes accounting standard which

requires the Foundation and its nonprofit supporting organizations to

determine whether a tax position (and the related tax benefit) is more

likely than not to be sustained upon examination by the applicable taxing

authority, based solely on the technical merits of the position. All of

the organizations believe they have appropriate support for any tax

positions taken, and as such, do not have any uncertain tax positions that

are significant to the combined financial statements. The tax returns for

the Foundation and its nonprofit supporting organizations for the previous

three years, 2009 through 2011, are subject to examination by the IRS,

generally for three years after initial filing.

SCHEDULE I			0					OMB No. 1545-0047	
(Form 990)				I Other Assistances, and Individuals	-			2012	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								
Name of the organization Employer identific									
Rose Community Foundation 84-092086									
Part I General Infor	rmation on Grants a	Ind Assistance							
•			e amount of the grants		• •				
criteria used to awa	ird the grants or assi	stance?						X Yes No	
2 Describe in Part IV t	the organization's pro	ocedures for mon	itoring the use of grant	funds in the Unite	d States.				
Part II Grants and C	Other Assistance to	Governments an	d Organizations in the	e United States. C	complete if the org	ganization answered "	Yes" to Form 990, Parl	IV, line 21, for any	
recipient that	received more than	\$5,000. Part II ca	h be duplicated if addit	ional space is need	ded.	(0.1/			
1 (a) Name and addre or govern	Ŷ	<b>(b)</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	
Alexander Dawson Sci	hool								
10455 Dawson Drive						· · ·		Donor advised fund	
Lafayette, CO 80026		94-3382726	501(C)(3)	5,000.	0.	N/A	N/A	distribution	
Allied Jewish Feder	ation of								
								Donor advised fund	
Colorado - 300 S. Da		84-0402662	501(C)(3)	59 300	0	N/A	N/A	distribution	
Suite 300 - Denver, Alumni of the Rabbin		04-0402002		58,300.	· · ·	N/A	N/A		
Knesseth Israel of	-								
			ļ					Donor advised fund	
169 Parkville Ave.	- BLOOKLYD, MI	13-5600406	501(C)(3)	5,000.	0	N/A	N/A	distribution	
11230		T2-2000400	501(0)(3)	5,000.	<b>.</b>	N/A			
American Friends of	Darche Noam								
226 Smith Street								Donor advised fund	
Woodmere, NY 11598		11-2694906	501(C)(3)	5,000.	0.	N/A	N/A	distribution	
	······								
American Jewish Worl	ld Service								
45 W. 36th Street, 2	10th floor					}		Donor advised fund	
New York, NY 10018-		22-2584370	501(C)(3)	11,000.	0.	N/A	N/A	distribution	
<u></u>					******		· · · · · · · · · · · · · · · · · · ·		
Amherst Montessori S	School						· ·		
27 Pomeroy Lane								Donor advised fund	
Amherst, MA 01002		04-2660266	501(C)(3)	14,250.	Ο.	N/A	N/A	distribution	
2 Enter total number of	of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				117.	
			1 table					3.	
LHA For Paperwork Re				· · · · · · · · · · · ·				Schedule I (Form 990) (2012)	

See Part IV for Column (h) descriptions

232101 12-18-12 Schedule I (Form 990) Rose Community Foundation
Partill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

84-0920862

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anti-Defension League Mountain							
Anti-Defamation League, Mountain States Region - 1120 Lincoln							Donor advised fund
Street - Denver, CO 80203-2140	13-1818723	501(C)(3)	18,000.	0	N/A	N/A	distribution
	15 1010725	501(0/(3)	10,000.	·			
Arapahoe House							Family counselors and
8801 Lipan Street							summer day camp
Thornton, CO 80260-4912	84-0705495	501(C)(3)	10,000.	0	N/A	N/A	opportunities
	01 0703155	501(0)(5)	10,000.	· ·			
Arts Street							
715 Galapago Street							"Mosaic Garden in the
Denver, CO 80204-4441	74-3086954	501(C)(3)	9,000.	0.	N/A	N/A	City" project
			,,				
Aspen Center for Environmental							
Studies - 100 Puppy Smith Street -							Donor advised fund
Aspen, CO 81611	23-7042291	501(C)(3)	5,000.	0.	N/A	N/A	distribution
	····						
Aspen Community Foundation							
110 E. Hallam Street, Suite 126							Donor advised fund
Aspen, CO 81611	84-0829226	501(C)(3)	30,000.	0.	N/A	N/A	distribution
				- <u>·····</u>			Southwest chapter of the
Augenblick, Palaich and Associates		1			1		Teacher Union Reform
1120 Lincoln St, Ste.1101							Network (SW-TURN) over 18
Denver, CO 80203	84-0922858		100,000.	0.	N/A	N/A	months
Aurora Mental Health Center							
11059 E. Bethany Dr., Ste. 200							Dönor advised fund
Aurora, CO 80014	84-0683346	501(C)(3)	27,500.	0.	N/A	N/A	distribution
			· · · · ·				DAF distribution for
Aurora Public Schools							recovery and preventive
1085 Peoria Street		1					processes associated with
Aurora, CO 80011	84-6000870	501(C)(3)	26,500.	0.	N/A	N/A	Aurora tragedy
Blonde Ambition, Inc							
2917 Vine Street						-	
Denver, CO 80205	20-8658809		6,052.	0	N/A	N/A	JECEI materials

Schedule I (Form 990) Rose Community Foundation

84-0920862 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BMH-BJ Congregation: The Denver Synagogue - 560 S. Monaco Pkwy -	04 0410550		15 475				
Denver, CO 80224	84-0412568	501(C)(3)	17,475.	0.	N/A	N/A	Live On III & MazelTot
Boulder Aish Kodesh 1805 Balsam Ave. Boulder, CO 80304	84-1345073	501(C)(3)	8,500.	0.	N/A	N/A	SoulFood Series
Boulder Jewish Community Center 3800 Kalmia Ave. Boulder, CO 80301	84-1322996	501(C)(3)	21,000.	0.	N/A	N/A	100 Conversations, Connecting Families, Young Adult Ayeka, MazelTot, Mitzvah Project
							······································
Capital of Texas Public Telecommunications Council - P.O. Box 7158 - Austin, TX 78713-7158	75-7126012	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Cedars-Sinai Medical Center 8700 Beverly Blvd., #2416							Donor advised fund
Los Angeles, CA 90048	95-1644600	501(C)(3)	38,000.	0.	N/A	N/A	distribution
Chabad Jewish Center of South Metro Denver - 9950 Lone Tree Pkwy - Lone Tree, CO 80124	20-0285036	501(C)(3)	6,000.	0.	N/A	N/A	MazelTot discount funds
Children's Diabetes Foundation at Denver - 4380 South Syracuse							Donor-Advised Fund
Street, Suite 430 - Denver, CO 80237	84-0745008	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Children's Hospital Colorado Foundation - 13123 E. 16th Avenue							Donor-Advised Fund
- Aurora, CO 80045	84-0813462	501(C)(3)	21,250.	0.	N/A	N/A	distribution
Colorado Academy 3800 S. Pierce Street							Donor-Advised Fund distributions, Horizons
Denver, CO 80235	84-0421874	501(C)(3)	44,500.	0.	N/A	N/A	Program

.

Schedule I (Form 990) Rose Community		• • • • • • • • •					4-0920862 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), P	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado African Organization 6795 E. Tennessee Avenue							
	30-0262458	501(C)(3)	7,500.	n	N/A	N/A	Education program
Denver, CO 80224	30-0262438	DOT(C)(3)	7,500.	· · · ·			Education program
Colorado Agency for Jewish							
Education - 300 S. Dahlia St., Ste							JECEI expenses, DAF
101 - Denver, CO 80246	84-0735278	501(C)(3)	25,538.	0.	N/A	N/A	distributions
			, .				
Colorado Ballet							
1278 Lincoln Street							
Denver, CO 80203	84-6038137	501(C)(3)	10,000.	0.	N/A	N/A	Dance renaissance program
Colorado Black Health							
Collaborative - 17815 E. Powers							Donor advised fund
Drive - Centennial, CO 80015	27-0803976	501(C)(3)	24,000.	0.	N/A	N/A	distribution
Colorado Nonprofit Development							
Center - 789 Sherman Street, Suite			0.070				Donor advised fund
250 - Denver, CO 80203	84-1493585	501(C)(3)	8,250.	U_	N/A	N/A	distribution
Colorado Public Radio							Donor advised fund
7409 S. Alton Ct.							distribution, Instrument
	74-2324052	501(C)(3)	16,200.	n	N/A	N/A	repair
Centennial, CO 80112-2301	74-2524052	501(0)(3)	10,200.				
Colorado Springs Conservatory							
415 S. Sahwatch							
Colorado Springs, CO 80903	84-1502211	501(C)(3)	5,000.	0.	N/A	N/A	Scholarship fund
			, ,				
Congregation Beth Evergreen							
P. O. Box 415							
Evergreen, CO 80437-0415	84-1012915	501(C)(3)	13,500.	٥.	N/A	N/A	MazelTot, Live On III
Congregation Beth Mechachem of							
Glogev - Attn: Eva Levy - New							Donor advised fund
York, NY 10023	11-2938700	501(C)(3)	9,000.	0.	N/A	N/A	distribution

Schedule I (Form 990) Rose Community Foundation 84-0920862 Page 1

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	4=0520002 Page
(a) Name and address of organization or government	<b>(b)</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
Conservation Colorado Education Fund - 1536 Wynkoop 4C - Denver, CO 80202	73-1651499	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Craig Hospital Foundation 3425 S. Clarkson St. Englewood, CO 80110	23-7352287	501(C)(3)	24,000.	0.	N/A	N/A	Equipment purchase, Donor advised fund distribution
Dartmouth College Box 6068 Hanover, NH 03755	04-3391555	501(C)(3)	10,000.	0.	N/A	N/A	Donor advised fund distribution
Denver Academy 4400 E. Iliff Ave. Denver, CO 80222-6019	84-0678605	501(C)(3)	6,600.	0.	N/A	N/A	Girl's Empowerment . Program
Denver Area Council, Boy Scouts of America - 10455 W. 6th Avenue, Suite 100 - Lakewood, CO 80215	75-2396057	501(C)(3)	22,500.	0.	N/A	N/A	Donor advised fund distribution
Denver Center for the Performing Arts - 1245 Champa Street - Denver, CO 80204	84-0407760	501(C)(3)	6,028.	0.	N/A	N/A	Donor advised fund distribution
Denver Jewish Day School 2450 S. Wabash St. Denver, CO 80231	84-1476467	501(C)(3)	17,750.	0.	N/A	N/A	Donor advised fund distribution, Live On III
Denver Scholarship Foundation 303 E. 17th Avenue Denver, CO 80203	20-5143175	501(C)(3)	8,500.	0.	N/A	N/A	Donor advised fund distribution
Denver Urban Gardens 3377 Blake Street Denver, CO 80205	74-2374848	501(C)(3)	10,198.	0.	N/A	N/A	MazelTot, Ekar Farm

Rose Community Foundation Schedule I (Form 990)

(a) Name and address of

Donor advised fund

Donor advised fund distribution

Donor advised fund distribution, Fresh

Produce Purchasing

Program, Lunchbox

distribution

84-0920862

(h) Purpose of grant

(g) Description of

Page 1

	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
						Donor advised fund
84-1602733	501(C)(3)	5,000.	0.	N/A	N/A	distribution
						Donor advised fund
84-0405254	501(C)(3)	5,000.	Ο.	N/A	N/A	distribution
						East Angel Packs program
						and the A+ Angel
						Mentoring Program weekly
32-0069773	501(C)(3)	6,660.	0.	N/A	N/A	incentive breakfasts
						For Hurricane Sandy
11-1633484	501(C)(3)	5,000.	0.	N/A	N/A	relief
84-1573130	501(C)(3)	10,000.	0.	N/A	N/A	Strings Attached program
						Donor advised fund
84-1186181	501(C)(3)	10,000.	0.	N/A	N/A	distribution
	84-1602733 84-0405254 32-0069773 11-1633484 84-1573130	if applicable 84-1602733 501(C)(3) 84-0405254 501(C)(3) 32-0069773 501(C)(3) 11-1633484 501(C)(3) 84-1573130 501(C)(3)	if applicable       cash grant         84-1602733       501(C)(3)       5,000.         84-0405254       501(C)(3)       5,000.         32-0069773       501(C)(3)       6,660.         11-1633484       501(C)(3)       5,000.         84-1573130       501(C)(3)       10,000.	if applicable       cash grant       non-cash assistance         84-1602733       501(c)(3)       5,000.       0.         84-0405254       501(c)(3)       5,000.       0.         32-0069773       501(c)(3)       6,660.       0.         11-1633484       501(c)(3)       5,000.       0.         84-1573130       501(c)(3)       10,000.       0.	if applicable         cash grant         non-cash assistance         valuation (book, FMV, appraisal, other)           84-1602733         501(C)(3)         5,000.         0.         N/A           84-0405254         501(C)(3)         5,000.         0.         N/A           32-0069773         501(C)(3)         6,660.         0.         N/A           11-1633484         501(C)(3)         5,000.         0.         N/A           84-1573130         501(C)(3)         10,000.         0.         N/A	if applicable       cash grant       non-cash assistance       valuation (book, FMV, appraisal, other)       non-cash assistance         84-1602733       501(C) (3)       5,000.       0. N/A       N/A         84-0405254       501(C) (3)       5,000.       0. N/A       N/A         32-0069773       501(C) (3)       6,660.       0. N/A       N/A         11-1633484       501(C) (3)       5,000.       0. N/A       N/A         84-1573130       501(C) (3)       10,000.       0. N/A       N/A

5,000.

10,150.

23,000.

0.N/A

0.N/A

0.N/A

N/A

N/A

N/A

(d) Amount of

(e) Amount of

(f) Method of

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II

(b) EIN

04-2761636

84-0429686

84-0772672 501(C)(3)

501(C)(3)

501(C)(3)

(c) IRC section

232241 05-01-12

7150 Montview Boulevard

Denver, CO 80223-1208

10700 E. 45th Avenue Denver, CO 80239

Food Bank of the Rockies

Denver, CO 80220

Facing History and Ourselves

Florence Crittenton Services of Colorado - 55 South Zuni Street - Schedule I (Form 990) Rose Community Foundation

84-0920862 Page 1

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	inizations in the U	nited States (Sch	iedule I (Form 990), Pa	art II.)	4-0320002 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fred Hutchinson Cancer Research Center - P.O. Box 19024, J5-200 - Seattle, WA 98109-1022	23-7156071	501(C)(3)	10,000.	0.	N/A	N/A	Donor advised fund distribution
Generation Schools Network 455 Sherman Street, Suite 120 Denver, CO 80203	76-0783006	501(C)(3)	150,000.	0.	N/A	N/A	Affiliate School Grant
Girls Athletic Leadership Schools 200 S. University Blvd. Denver, CO 80209	26-0784148	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Growing Home 3489 West 72nd Avenue, Suite 110 Westminster, CO 80030	84-1461503	501(C)(3)	7,000.	0.	N/A	N/A	Feeding Families program
Harvard Divinity School 45 Francis Avenue Cambridge, MA 02138	04-2103580	501(C)(3)	5,000.	0.	N/A	N/A	DAF distribution-for Women's Studies in Religion program
Hazon 125 Maiden Lane, Suite 8B New York, NY 10038	13-4087102	501(C)(3)	297,058.	0.	N/A	N/A	Grant for research study
Hebrew Educational Alliance 3600 S. Ivanhoe St. Denver, CO 80237-1196	84-0447472	501(C)(3)	42,200.	0.	N/A	1	Donor-Advised Fund distribution, MazelTot, Jconnect
Hunger Free Colorado 7000 S. Yosemite St., Ste 170 Centennial, CO 80112 JCRS Isaac Solomon Historic	68-0551464	501(C)(3)	5,250.	0.	N/A	N/A	General operating support
Synagogue Foundation - 1050 Cherokee Street, #403 - Denver, CO 80204	84-1564796	501(C)(3)	18,000.		N/A	N/A	Renovation of synagogue

Schedule I (Form 990) Rose Community Foundation

84-0920862

٠

Page 1

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States	(Schedule 1)	Form 990), Part II.)	

(a) Name and address of organization or government	<b>(b)</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
Jeffco Public Schools							
1829 Denver West Drive							Evaluation of the
Golden, CO 80401-0001	84-6002817	501(C)(3)	20,000.	0.	N/A	N/A	Expanded Learning Program
							Donor advised fund
Jewish Family Service of Colorado							distribution, KidSuccess
3201 S. Tamarac Dr., Ste 200							ESL classes, Weinberg
Denver, CO 80231	84-0402701	501(C)(3)	73,400.	Ο.	N/A	N/A	Food Pantry
Jewish Federation Council of							
Greater Los Angeles - 6505							
Wilshire Blvd Los Angeles, CA							Donor advised fund
90048	95-1643388	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Jewish Student Connection 149 Westchester Ave., #32 Port Chester, NY 10573 Kenneth R. Gottesfeld, M.D. Memorial Lectureship Fund - 20501 Ventura Blvd Woodland Hills, CA		501(C)(3)	10,000.		N/A	N/A	JSU Club in Denver/Boulder Gottesfeld Memorial
91364	86-0594433	501(C)(3)	6,891.	0.	N/A	N/A	Reception, Lectureship
Kent Denver School 4000 East Quincy Avenue Englewood, CO 80110	84-0242810	501(C)(3)	20,750.	0.	N/A	N/A	Donor-Advised Fund distribution
Keshet							
284 Amory Street							Trans and Queer Beit
Jamaica Plain, MA 02130	48-1278664	501(C)(3)	6,000.	0.	N/A	N/A	Midrash Salon Series
KidsTek PO Box 693 Englewood, CO 80151	31-1727591	501(C)(3)	25,000.	0.	N/A	N/A	Donor advised fund distribution
KIPP Colorado 375 S. Tejon Street Denver, CO 80223	80-0037534	501(C)(3)	20,000.	0.	N/A	N/A	Extended learning opportunities

Schedule I (Form 990) Rose Community Foundation 84-0920862

Page 1

P.O. Box 22204 Denver, CO 80222 Link Hands for Humanity P.O. Box 32536 Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404	94-2373565	(c) IRC section if applicable	(d) Amount of cash grant 14,452. 12,000.		(f) Method of valuation (book, FMV, appraisal, other) N/A	(g) Description of non-cash assistance	<pre>(h) Purpose of grant or assistance</pre> Family Adventure Dream Feams, Shabbat/holiday workshops, Individuals with disablilities Donor advised fund
Limmud Colorado P.O. Box 22204 Denver, CO 80222 Link Hands for Humanity P.O. Box 32536 Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404 Denver, CO 80218	94-2373565						Teams, Shabbat/holiday workshops, Individuals with disablilities
P.O. Box 22204 Denver, CO 80222 Link Hands for Humanity P.O. Box 32536 Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404	94-2373565						workshops, Individuals with disablilities
Denver, CO 80222 Link Hands for Humanity P.O. Box 32536 Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404	94-2373565						with disablilities
Link Hands for Humanity P.O. Box 32536 Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404	94-2373565					N/A	
P.O. Box 32536 Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404		501(C)(3)	12,000.	0.	N/A		Donor advised fund
Santa Fe, NM 87594 LiveWell Colorado 1490 Lafayette St., #404		501(C)(3)	12,000.	0.	N/A		Donor advised fund
LiveWell Colorado 1490 Lafayette St., #404		501(C)(3)	12,000.	0.	N/A		
1490 Lafayette St., #404	26-2464764				[',	N/A	distribution
1490 Lafayette St., #404	26-2464764	5 1					
	26-2464764						Donor advised fund
	20-2404704	501(C)(3)	5,750.	0	N/A	N/A	distribution
		501(0)(5)	5,150.				
Local Theater Company							
1630 30th Street							Donor advised fund
Boulder, CO 80301	45-2208855	501(C)(3)	5,000.	0.	N/A	N/A	distribution
Lutheran Family Services Rocky							Pre-employment and Job
Mountains - 363 South Harlan							Training for Refugee
Street - Denver, CO 80226-3552	84-0775550	501(C)(3)	5,000.	0.	N/A	N/A	Young Adults
							Donor-Advised Fund
MACC - Mizel Arts & Culture Center							
350 South Dahlia Street			10.000				distributions, Live On
Denver, CO 80246	31-1494423	501(C)(3)	10,000.	U_	N/A	N/A	
Mapleton Expeditionary School of							
the Arts - 8990 York Street -							Post secondary
Thornton, CO 80229	84-6000817	501(C)(3)	11,000.	0.	N/A	N/A	transitions program
Mile High United Way							
2505 18th St.							Donor-Advised Fund
Denver, CO 80211	84-0404235	501(C)(3)	10,000.	0.	N/A	N/A	distribution
Mizel Museum							
400 S. Kearney St. Denver, CO 80224	84-1158943	E01(C)(2)	6,200.	0	N/A	N/A	MazelTot grant

Schedule I (Form 990) Rose Community Foundation

84-0920862 Page 1

Part I	Continuation of Grants and Other Assistance to Governments and Or	ganizations in the United States	Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</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
MARAL Pro-Choice Colorado							
Foundation - 1905 Sherman St., Ste							Donor advised fund
300 - Denver, CO 80203	84-6050191	501(C)(3)	20,000.	0	N/A	N/A	distribution
	01 0000101		20,000.	· · ·			Skillbuild Colorado
National Skills Coalition							Payment for MOU with
.730 Rhode Island Ave. NW							Skillbuild and National
Mashington, DC 20036	30-0075580	501(C)(3)	10,000.	0.	N/A	N/A	Skills Coaltion
		501(0)(0)		~.			
Northfield Mount Hermon School							
lift Recording Office							Donor advised fund
fount Hermon, MA 01354	04-2109865	501(C)(3)	5,000.	0.	N/A	N/A	distribution
					·		
Northwest Family Assistance Center							
P.O. Box 11948							
Denver, CO 80211-0948	74-2543251	501(C)(3)	7,000.	0.	N/A	N/A	Bienvenidos Food Bank
					· ····		
Office of the Governor, State of							Payment for services
Colorado - 136 State Capitol -							related to the GIH
enver, CO 80203	84-0644739	Government	10,375.	0.	N/A	N/A	grant-January 2012
							Integration of Teacher
adres & Jovenes Unidos							Effectiveness and
025 W. 37th Ave., Ste 206							Academic Standards with
enver, CO 80211-2785	84-1426652	501(C)(3)	190,000.	0.	N/A	N/A	Closing the Achievement
			· · · · ·	······			
lanned Parenthood of the Rocky			ŕ				
Iountains - 7155 E. 38th Ave							Donor advised fund
enver, CO 80207	84-0404253	501(C)(3)	15,500.	Ο.	N/A	N/A	distribution
latte Forum							
610 Little Raven Street							
enver, CO 80202	71-0891869	501(C)(3)	10,000.	Ο.	N/A	N/A	Program support
· · · · · · · · · · · · · · · · · · ·							
aymond Wentz Foundation							
455 Ringsby Court, #111							Donor advised fund
enver, CO 80216	27-0029283	501(C)(3)	5,000.	Ο.	N/A	N/A	distribution

Schedule I (Form 990)

•

Schedule | (Form 990) Rose Community Foundation

84-0920862

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Robert E. Loup Jewish Community							MazelTot, Community Gardens, Connecting
Center - 350 S. Dahlia St							Jewish Families, Donor
Denver, CO 80246	84-0404245	501(C)(3)	66,350.	0.	N/A	N/A	advised fund
SaddleUp! Foundation							Equine Psychotherapy,
11152 E. Daley Circle							Hippotherapy, Therapeutic
Parker, CO 80134	20-2751374	501(C)(3)	13,500.	0	N/A	N/A	Riding
	20-2151514	501(0)(5)	13,500.	<u> </u>			
Seven Arrows Elementary School							
15240 La Cruz Dr.							
Pacific Palisades, CA 90272-3609	95-4746924	501(C)(3)	10,000.	0.	N/A	N/A	DAF Distribution
Shalom Cares							
14800 E. Belleview Dr.							
Aurora, CO 80015	74-2376546	501(C)(3)	2,004,400.	0.	N/A	N/A	DAF distribution
Spring Institute for Intercultural						•	
Learning - 1610 Emerson Street -							Boomers Leading Change in
Denver, CO 80218-1412	84-0788093	501(C)(3)	15,000.	_0.	N/A	N/A	Health Engagement Grant
							Tuition Assistance
St. Mary's Academy							Fund-In memory of
4545 South University Boulevard	61 6010274	E01(0)(2)	15 000	0	N/A	N/A	Michaelene O'Neal
Englewood, CO 80113-6059	61-6019374	501(C)(3)	15,000.	υ.	N/A		AICMAEIENE O NEAL
Susan G. Komen for the Cure Orange							
County - 3191-A Airport Loop Drive							Donor advised fund
- Costa Mesa, CA 92626	33-0487943	501(C)(3)	5,000.	0.	N/A	N/A	distribution
_							
Teach for America			1				
1391 Speer Blvd., Suite 710							
Denver, CO 80204	13-3541913	501(C)(3)	15,000.	0.	N/A	N/A	DAF distribution
Temple Emanuel							Donor advised fund
51 Grape Street							distributions, Hineini
Denver, CO 80220	84-0402688	501(C)(3)	5,355.	0.	N/A	N/A	Project

Schedule I (Form 990)

Schedule | (Form 990) Rose Community Foundation

84-0920862 Page 1

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</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 Micah							
2600 Leyden St.							Donor advised fund
Denver, CO 80207	84-0520999	501(C)(3)	5,000.	0	N/A	N/A	distribution
Temple Sinai							
3509 S. Glencoe St.							Donor advised fund
Denver, CO 80237	84-0576985	501(C)(3)	8,500.	0.	N/A	N/A	distributions, MazelTot
· · · · · · · · · · · · · · · · · · ·				i			· · · · · · · · · · · · · · · · · · ·
The Bridge Project, University of							
Denver - 2148 South High Street -							Donor advised fund
Denver, CO 80208	84-0404231	501(C)(3)	5,000.	0.	N/A	N/A	distribution
The Challenge Foundation							
4545 S. University Blvd.							The Mentoring Program,
Englewood, CO 80113	84-1480014	501(C)(3)	14,019.	0.	N/A	N/A	laptops for 9th graders
The Jewish Experience							
350 South Dahlia Street							Donor advised fund
Denver, CO 80246	84-1530357	501(C)(3)	14,592.	0.	N/A	N/A	distribution, Live On III
The Manaus Fund							
P.O. Box 2026							Donor advised fund
Carbondale, CO 81623	20-2710588	501(C)(3)	5,000.	0.	N/A	N/A	distribution
The Netwood Generation in Galenada							
The Nature Conservancy in Colorado							Donor advised fund
2424 Spruce Street			10.000	0		N/A	distribution
Boulder, CO 80302	53-0242652	501(C)(3)	18,000.		N/A	N/A	
The University of Arizona							
Foundation - P.O. Box 210109 -		]					Donor-Advised Fund
Tucson, AZ 85721-0109	86-6050388	501(C)(3)	5,000.	0	N/A	N/A	distribution
Tueson, A2 03721-0105	00-0000000	DOT(C)(D)	5,000.	0.	A/ A	N/ A	
The Women's Foundation of Colorado							
The Chambers Center							Donor advised fund
Denver, CO 80208	84-1039305	501(C)(3)	8,000.	0.	N/A	N/A	distribution
	L	L			l		

Schedule I (Form 990)

Schedule I (Form 990) Rose Community Part II Continuation of Grants and Other		overnments and Orga	mizations in the U	nited States (Sch	edule I (Form 990), P	-	4-0920862 Page
(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
Tides F.O. Box 29198 San Francisco, CA 94129-0198	94-3213100	501(C)(3)	15,500.	0.	N/A	N/A	Chicken & Egg Pictures, Donor advisted fund distribution
Together Colorado 1980 Dahlia Street Denver, CO 80220	84-0753677	501(C)(3)	145,000.	0.	N/A	N/A	Alignment of CO academic stds & performance based educator eval/ Gates subgrant award
University of California San Diego Foundation - 9500 Gilman Drive, #502 - La Jolla, CA 92093-0502	95-2872494	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
University of Colorado Foundation 1800 Grant Street, Suite 725 Denver, CO 80203	84-6049811	501(C)(3)	20,160.	0.	N/A	N/A	Early Childhood Mental Health Assessment, veterans benefits
University of Denver Sturm College of Law - 2255 East Evans Avenue - Denver, CO 80208	84-0404231	501(Ċ)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
University of Puget Sound Office of Annual Giving Tacoma, WA 98416	91-0564961	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Jrban Peak 730 21st Street Denver, CO 80205	84-1212246	501(C)(3)	7,750.	0.	N/A	N/A	Food program, Donor advised fund distributions
Volunteers of America Colorado Branch - 2660 Larimer St - Denver, 20 80205-2219	13-1692595	501(C)(3)	5,000.	0.	N/A	N/A	Donor advised fund distribution
Walking Mountains P.O. Box 9469							Donor advised fund

5,500.

84-1436731 501(C)(3)

0.N/A

N/A

Schedule I (Form 990)

distribution

Avon, CO 81620

Schedule I (Form 990) Rose Community Foundation

84-0920862 Page 1

Part II Continuation of Grants and Othe	r Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</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
Warren Village							
1323 Gilpin Street							
Denver, CO 80218-2552	84-0644270	501(C)(3)	6,000.	0.	N/A	N/A	Program support
Westside Kollel							
1453 S. Robertson Blvd.							Donor advised fund
Los Angeles, CA 90035	42-1548771	501(C)(3)	5,000.	0.	N/A	N/A	distribution
		1					
Women Donors Network							
565 Commercial Street							
San Francisco, CA 94111	05-0542397	501(C)(3)	16,000.	0.	N/A	N/A	Donor directed grant
YouthZone							
803 School Street	04 0510000	501 (2) (2)	10,000				Donor advised fund
Glenwood Springs, CO 81601	84-0712993	501(C)(3)	10,000.	υ.	N/A	N/A	distribution
Zimmer Children's Museum							
6505 Wilshire Blvd., 1st floor							Donor advised fund
Los Angeles, CA 90048	20-1470992	501(C)(3)	5,500.	0	N/A	N/A	distribution
							NBC Universal's Education
NBC Universal Media, LLC							Nation in Denver
4001 Nebraska Ave NW							NBC Universal's Education
Washington, DC 20016	27-3526824		15,000.	0.	N/A	N/A	Nation in Denver
							· · · · ·
•						· · · · · · · · · · · · · · · · · · ·	
							l

Schedule I (Form 990)

Schedule I (Form 990) (2012) Rose Community Foundation

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Colorado Jewish Early Childhood Education					
Initiative.	2	24,543.	0.	N/A	N/A
					· · · · · · · · · · · · · · · · · · ·
	ſ				
Part IV Supplemental Information. Complete this part to provid	le the information	n required in Part I.	ine 2. Part III. colum	n (b), and any other additional ir	iformation.

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.

Part II, line 1, Column (h):

Name of Organization or Government: Boulder Jewish Community Center

(h) Purpose of Grant or Assistance: 100 Conversations, Connecting

Families, Young Adult Ayeka, MazelTot.org, Mitzvah Project

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

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

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

Part IV, line 23. Attach to Form 990. See separate instructions.

Rose Community Foundation

Inspection Employer identification number

OMB No, 1545-0047

2012

Open to Public

Name of the organization

Part I Questions Regarding Compensation

84-0920862

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			14
	Discretionary spending account 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	1b	10000000000	- Al-Ostalar M
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			1262	1200
з	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1127.00
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ALC NO		1998
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	18340 300720		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		x
	If "Yes" to line 5a or 5b, describe in Part III.		2008	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the net earnings of:			
а	The organization?	6a	1201254	X
	Any related organization?	6b		x
N	If "Yes" to line 6a or 6b, describe in Part III.		0859465y	100050
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		1555934	
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	- <u>'</u>		+
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<b>—</b>		<u> </u>
9				
	Regulations section 53.4958-6(c)?	9	I	

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

Schedule J (Form 990) 2012

## Schedule J (Form 990) 2012

84-0920862

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred in prior Form 990
(1) Sheila Bugdanowitz	(1)	111,301.	0.	0.	7,025.	3,167.	121,493.	0.
President & CEO	(ii)	171,333.	0.	0.	10,813.	4,875.	187,021.	0.
(2) Anne Garcia	(i)	56,482.	0.	0.	3,853.	3,206.	63,541.	0,
Treasurer, CFO & COO	(ii)	86,946.	٥.	0.	5,932.	4,935.	97,813.	0.
(3) Elsa Holguin	(i)	0.	0.	0.	0.	0.	0.	0,
Program Officer	(ii)	140,430.	0.	0.	9,140.	7,842.	157,412.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
<u> </u>	(i)							
	(ii)							
	(i)							
	(ii)				_			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
<u></u>	(i)							
	(ii)							

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	-EZ	OMB No. 1545-0047 <b>2012</b> Open to Public Inspection
Name of the organization	Rose Community Foundation	Employe 84-09	r identification number 20862
Form 990, Part VI,	Section A, line 2: Sheila Bugdanowitz, President &		
CEO, Anne Garcia, T	reasurer, CFO & COO and Margie Gart, Director of		
Philanthropic Servi	ces are officers and employees of Rose Foundation, the		
supporting organiza	tion 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) pri	or to being filed with the IRS. The Foundation asks the		
members to submit a	ny questions or comments regarding the Form 990 by the		
date the return is	to be filed.		
The Foundation's Fo	rm 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.		
6,1			
Form 990, Part VI,	Section B, Line 12c: A detailed, written description of		
each conflict of in	terest and the procedures followed to clear the conflict		· · · · · · · · · · · · · · · · · · ·
are provided semi-a	unnually to the Audit Committee for review. On an annual		
basis, the Audit Co	mmittee makes a report to the Board of Trustees with		
respect to all the	current and material actual or potential conflicts of		
interest known to t	them and of any actions that have been taken or that they		
recommend be taken	to ensure compliance with this policy.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization Rose Community Foundation	Employer identification number 84-0920862
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 XI, line 9, Changes in Net Assets:	
Agency distributions 2,100,661.	
Agency contributions -155,451.	
Total to Form 990, Part XI, Line 9 1,945,210.	
Form 990, Part XII, 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.	· ·
· · · · · · · · · · · · · · · · · · ·	
	····-

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
Rose Community Foundation	84-0920862
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.	
<u></u>	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations plete if the organization answered ' Attach to Form 990.		line 33, 34, 35, 36,	or 37.		0MB No. 154 <b>201</b> Open to F Inspect	2 Public
Name of the organization	a			-	Employer identif	ication n	umber
Rose Community Foun					84-0920862		
Part I Identification of Disregarded Entities (Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 3	3.)				
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total incor	ne End-of-year		t controlling entity	
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.)	zations (Complete if the organization	answered "Yes" to Form 990	D, Part IV, line 34 be	cause it had one of	more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
Rose Foundation - 84-0418124600 S. Cherry Street, Suite 1200Denver, CO 80246	 Grantmaking	Colorado	1		ose Community oundation	x	
Rose Biomedical Research - 84-0851957	Supports medical research		502(0)(0)				
600 S. Cherry Street, Suite 1200	& development (ceased			Line 11a, R	ose Community		
Denver, CO 80246	operations)	Colorado		· · ·	oundation	x	
		·					
	_				<u> </u>		

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

Schedule R (Form 990) 2012

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

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

Part 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 ElN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		
		country)			····			Yes	No
Rose Biomedical Development Corporation - 84-1341936, 600 S. Cherry Street, Suite	Medical technology research &		Rose Biomedical	G. GODD			.00%		x
1200, Denver, CO 80246	development		Research	C CORP					

Schedule R (Form 990) 2012 Rose Community Foundation

_____

Part V	Transactions With Related Organizations (Complete if the organization ans	wered "Yes" to Forn	n 990, Part IV, line 34, 35b,	or 36.)					
Note.	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						No		
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution to related organization(s)								
<b>c</b> G									
	e Loans or loan guarantees by related organization(s)								
	······································								
fD	ividends from related organization(s)				alter tester ele	o ostorezona i	X		
	ale of assets to related organization(s)						x		
h F	urchase of assets from related organization(s)				1h		x		
iE	<ul> <li>h Purchase of assets from related organization(s)</li> <li>i Exchange of assets with related organization(s)</li> </ul>								
i 1.	j Lease of facilities, equipment, or other assets to related organization(s)								
	······································	******							
k I	Lease of facilities, equipment, or other assets from related organization(s)					a nanadi walaki	X		
	I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	<ul> <li>o Sharing of paid employees with related organization(s)</li> </ul>								
•••		•••••••••••••••••••••••••••••••••••••••			N.S. Mark				
n B	p Reimbursement paid to related organization(s) for expenses					est, et est est son	X		
a B	q       Reimbursement paid by related organization(s) for expenses						x		
9 1									
r Ć	ther transfer of cash or property to related organization(s)			1r			X		
	r Other transfer of cash or property to related organization(s)     s Other transfer of cash or property from related organization(s)					x			
	the answer to any of the above is "Yes," see the instructions for information on w					•	L		
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1) Ros	e Foundation	в	204,368.	FMV					
(2) Ros	e Foundation	с	1,487,350.	FMV					
(3)									

232163 12-10-12

(4)

(5)

(6)

Schedule R (Form 990) 2012 Rose Community Foundation

Part W 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.

(a)	(b)	(c)	(d)	€ Are partner 501 (r org	e)	(f)	(g)	(h)	(i)	(	j) (j	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are oartne	rs sec.	Share of	Share of	Disprop	or-Code V-UBI amount in box 20 <u>s?</u> of Schedule K-1 o(Form 1065)	Gene	eral or	Percentag
of entity		(state or foreign	(related, unrelated,	501(	c)(3)	total	end-of-year	tionate	amount in box 20	) man	aging	ownership
-		country)	under section 512-514)		5.1	income	assets	Yes	/Form 1065)	per		
	• · · · • · · ·			Yes	NO			Yes	o (ronn 1000)	Yes	NO	
												•
										-		
·												
<i></i>												
· · · · · · · · · · · · · · · · · · ·												
······································												
										<u> </u>		
				1								
				1								
· · · · · · · · · · · · · · · · · · ·											1	
								_				
											-	
										1		

Schedule R (Form 990) 2012

Schedule R	2012

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).