Form **990**

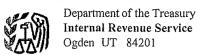
Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Dep	artment o	of the Treasury nue Service	► The organization may have to use a copy of this return to satisfy sta	ate renortin	ia reaulte	emente	Open to Inspec							
Ā			ndar year, or tax year beginning , 2012, and e		(5), (5)		, 20	FIOT						
В		f applicable:	C Name of organization Rose Foundation			D Employ	er identification	number						
	Address	s change	Doing Business As				84-0418124							
	Name c	hange	Number and street (or P.O. box if mall is not delivered to street address) Roo	m/suite	i	E Telepho	ne number	· · · · · · · · · · · · · · · · · · ·						
	initiai re	tum	600 South Cherry Street	1200			303-398-7400							
	Termina	iteď	Clty, town or post office, state, and ZIP code					· · · · · · · · · · · · · · · · · · ·						
		ed return	Denver, CO 80246			G Gross re	ecelpts \$	9,416,399						
L	Applica	tion pending	F.Name and address of principal officer: Anne Garcia	H	(a) is this a	group return	for affiliates? 🔲 Ye							
			same as C above	H	(b) Are all	affillates ir	ncluded? 🗌 Ye	s □No						
Ļ.		mpt status:		27	lf "No	," attach a	a list. (see instructi	ons)						
1	Website		v.rcfdenver.org		(o) Group		number ►							
	art I	Summ	✓ Corporation Trust Association Other L Year of fo	ormation:	1995	M State	of legal domicile:	CO						
	1													
	'	supportin	scribe the organization's mission or most significant activities: Re	ose Comm	iunity Fo	undatio	n and its princi	pal						
ည		supporting organization, Rose Foundation, operate with complementary purposes: to sustain the health at seven-county Greater Denver community through grantmaking programs, and to expand private philanthrough												
Ξa	1	to charita	ble donors.	n axhauo l	bilivare b	niianinri	opy by offering	services						
Activities & Governance	2		is box $ ightharpoons$ If the organization discontinued its operations or dispos	sed of mo	re than	25% of	ite net seeste							
Ğ	3	Number o	of voting members of the governing body (Part VI, line 1a)			3	000000							
es ç	4	Number o	of Independent voting members of the governing body (Part VI, line	1b) .		4		17 17						
viti	5	Total nun	nber of individuals employed in calendar year 2012 (Part V, line 2a)	, .		5		33						
4cti	6	Total nun	nber of volunteers (estimate if necessary)			6		58						
•	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a		48,483						
	<u> b</u>	Net unrel	ated business taxable income from Form 990-T, line 34			7b		32,809						
		0			Prior Ye	ar	Current \	/ear						
TE .	8	Contribut	lons and grants (Part VIII, line 1h)			150,375		204,368						
Revenue	9		service revenue (Part VIII, line 2g)	•		0		0						
Re	10	Other rou	nt Income (Part VIII, column (A), lines 3, 4, and 7d)	•	11,	411,406	<u> </u>	9,137,936						
	12	Total reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).. nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	<u>,</u>		73,209		74,095						
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	=)		634,990		9,416,399						
	14	Benefits t	paid to or for members (Part IX, column (A), line 4)	' 	9,	499,923		8,694,774						
G	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10	, 		204 442		0						
use	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)	"	1,	.284,412 0		1,322,654						
Expenses	b	Total fund	draising expenses (Part IX, column (D), line 25)	0		0		0						
ij	· 17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			935,185		1,061,977						
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			719,520		11,079,405						
	19	Revenue	less expenses. Subtract line 18 from line 12			84,530>		1,663,006>						
Net Assets or Fund Balances				Beginn	ing of Cu		End of Y							
Sset	20		ets (Part X, line 16)		252	019,430	26	66,542,874						
Ket A	21		ilities (Part X, line 26)	,	60,	133,324		6 <mark>4,370,10</mark> 5						
	22 art II		s or fund balances. Subtract line 21 from line 20	.	191,	886,106	20	2,172,769						
			177 to 17											
tru	e, correc	ot, and comple	y, I declare that I have examined this return, including accompanying schedules and etc. Peclaration of preparer (other than officer) is based on all information of which pre	statements, oparer has a	and to th ny knowle	e best of r idge.	ny knowledge an	d belief, it is						
			Anne M. Sairie			11/12	2/13							
Sig	-	Signa	ature of officer		Dat	e	. [
He	ere		ANNE M. GARCIA, CFO and COO											
		<u> </u>	or print name and title				-4							
Pa			preparer's signature	Date	. /	Check [If PTIN							
	epare		e K. Engle Warne L. Engle	11/1	1/13	self-emp	ployed P013	75409						
Us	ie On	ly Firm's na		· · · · · · · · · · · · · · · · · · ·		's EIN ▶								
Ma	y the II	RS discuss	ddress 475 Lincoln Street, Suite 200, Denver, CO 80203 this return with the preparer shown above? (see Instructions)	 	Phor	ne no,	(303) 534-5							
	•		- Property (coo mondonolis)					s No						



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

Notice Number: CP211A Date: September 16, 2013

Taxpayer Identification Number:

84-0418124 Tax Form: 990

Tax Period: December 31, 2012

032097.222501.0119.003 1 AT 0.384 373

80246-1712

070

ROSE FOUNDATION 600 S CHERRY ST STE 1200 DENVER CO



32097

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 www.irs.gov/eo. 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.

Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filling for an Automatic 3-Month Extension, com	plete only Pa	art I and check this box		
If you a	re filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of	this form).	
Do not co	mplete Part II unless you have already been grant	ed an automa	atic 3-month extension on a previou	sly filed Form 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868	if you need	a 3-month automatic extension of ti	me to file (6 months for	a corporation
required t	o file Form 990-T), or an additional (not automatic) 3-	month exten	sion of time. You can electronically t	file Form 8868 to reque:	st an extension
of time to	file any of the forms listed in Part I or Part II with the	exception of	f Form 8870, Information Return for	Transfers Associated W	ith Certain
Personal I	Benefit Contracts, which must be sent to the IRS in a	oaper format	(see instructions). For more details	on the electronic filing of	of this form,
visit www.	irs.gov/efile and click on e-file for Charities & Nonpro	fits.			
Part I					
A corpora	tion required to file Form 990-T and requesting an au	itomatic 6-mo	onth extension - check this box and	complete	
Part I only				***************************************	🕨 🔲
All other c	orporations (including 1120-C filers), partnerships, R	EMICs, and t	trusts must use Form 7004 to reque	st an extension of time	
to me inco	me tax returns.				
Type or	Name of exempt organization or other filer, see ins	structions.		Employer identification	number (EIN) or
print					` ,
File by the	Rose Foundation			84-04181	24
due date for	Number, street, and room or suite no. If a P.O. box	k, see instruc	tions.	this form). Sly filed Form 8868. The to file (6 months for a corporation allowed Form 8868 to request an extension on the electronic filing of this form, and the el	
filing your return. See	600 S. Cherry Street, No. 1200			1	()
instructions.	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions.		
	Denver, CO 80246				
		<u>-</u>		***************************************	
Enter the I	Return code for the return that this application is for	(file a separa	te application for each return)		0 1
Application	The state of the s				
ls For		Code	Is For		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		
Form 990-	BL	02	Form 1041-A		
Form 4720) (individual)	03	Form 4720		
Form 990-	PF	04	Form 5227		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		
	T (trust other than above)	06	Form 8870		
	Anne Garcia		1 SHI 5070		12
• The bo	oks are in the care of 600 S. Cherry Street	- Quita 1	200 Donrow GO 80246		
	one No. ► 303-398-7400	s, surce i	FAX No. ► <u>303-398-7430</u>		
	rganization does not have an office or place of busin	eee in the Ur	213-398-7430		. —
If this is	s for a Group Return, enter the organization's four dis	nit Group Eve	med States, Check this DOX		▶ ∟
box 🕨	If it is for part of the group, check this box	and atta	she slick with the second of ED.	If this is for the whole gi	oup, check this
	uest an automatic 3-month (6 months for a corporat	and atta	ter a list with the names and EINs o	of all members the exten	sion is for.
	r the organization's return for:	npt organiza	tion return for the organization nam	ed above. The extension	n
	x calendar year 2012 or				
				_	
L	tax year beginning	, an	d ending	·	
0 16.41	a have come and a model for the condition from the condition of the condit				
2 If the	e tax year entered in line 1 is for less than 12 months	s, check reas	on: Initial return	Final return	
L	Change in accounting period				
0- 1011					
	s application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	nter the tentative tax, less any		
	refundable credits. See instructions.	······································	and the second s	3a \$	0.
	s application is for Form 990-PF, 990-T, 4720, or 606				
	nated tax payments made. Include any prior year ov			3b \$	0
	nce due. Subtract line 3b from line 3a. Include your				
	sing EFTPS (Electronic Federal Tax Payment Systen			3c \$	0.
Caution.	f you are going to make an electronic fund withdraw	al with this Fo	orm 8868, see Form 8453-EO and F	orm 8879-EO for payme	nt instructions.

Form 8868 (Rev. 1-2013)					Page 2			
If you are filing for an Additional (Not Automatic) 3-More	nth Extension,	complete only Part II and check thi	is box		X			
Note. Only complete Part II if you have already been grante	ed an automatic	3-month extension on a previously	filed Form	8868.				
• If you are filing for an Automatic 3-Month Extension, co	omplete only Pa	art I (on page 1).						
Part II Additional (Not Automatic) 3-Mor	nth Extensio	n of Time. Only file the origin	nal (no c	opies need	ded).			
				'	see instructions			
Type or Name of exempt organization or other filer, see	instructions				n number (EIN) or			
print					Trialities (Entry of			
File by the Rose Foundation		84-0418124						
due date for Number street and room or suite no. If a P.O.	ate for Number street and room or suite no. If a P.O. box, see instructions							
filing your return. See C/O Kundinger, Corder & Engle, P.C.			Coolar Bo	curity number	01 (0011)			
instructions. City, town or post office, state, and ZIP code. F			L		· · · · · · · · · · · · · · · · · · ·			
Denver CO 80203	or a foreign dae							
Enter the Return code for the return that this application is	for (file a cenara	te application for each return)			0 1			
Enter the Neturn code for the return that this application is	ioi (ille a sepaia			• • • • • • • • • • • • • • • • • • • •				
Application	Return	Application						
Is For Code I Is For					Return			
Form 990 or Form 990-EZ		IS FOI			Code			
	01	Farm 1041 A	<u>_</u>					
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)	Form 6069			11				
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already gr	anted an autor	natic 3-month extension on a pre-	viously file	ed Form 886	8.			
Anne Garcia	b. a t a	000 00046						
• The books are in the care of • 600 S. Cherry Str	eet, Suite 1							
Telephone No. ▶ 303-398-7400		FAX No. ▶ 303-398-7430			. []			
If the organization does not have an office or place of but					🕨 📖			
If this is for a Group Return, enter the organization's four								
box L. If it is for part of the group, check this box		ch a list with the names and EINs o	f all memb	ers the exter	nsion is for.			
4 I request an additional 3-month extension of time unti		15, 2013						
5 For calendar year 2012, or other tax year beginning		, and endin	ıg					
6 If the tax year entered in line 5 is for less than 12 mor	iths, check reas	on: LInitial return L	Final r	eturn				
L Change in accounting period								
7 State in detail why you need the extension								
Additional time is needed to gather info	rmation nece	essary to file a						
complete and accurate return.								
			··· , ·					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	1720, or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$	0.			
b If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and estimated						
tax payments made. Include any prior year overpaym	ent allowed as a	a credit and any amount paid						
previously with Form 8868.			8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include yo	our payment wit	h this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	0.			
		st be completed for Part II	-					
Under penalties of perjury, I declare that I have examined this form,	including accomp	anying schedules and statements, and t	o the best o	f my knowledg	e and belief,			
t is true, correct, and complete, and that I am authorized to prepare				01	n 1			
Signature - Sucanne K Engle Title	· CPA		Date	▶ 8/8	5/1 <u>3</u>			
O				Form 8	868 (Rev. 1-2013)			

Form 99	90 (2012)	Page 2
Part		raye z
	Check if Schedule O contains a response to any question in this Part III	- [7]
1	Briefly describe the organization's mission;	
	Rose Foundation works to enhance the quality of life of the Greater Denver community through its leadership, resources,	
	traditions, and values. We value our Jewish heritage and our roots in Jewish traditions including charity, philanthropy, and	
	nondiscrimination. We value excellence and uphold the highest standards in the pursuit of our mission. We value the trust and	
	respect of the community and continually strive to earn and sustain that trust by consistent & disciplined adherance to our release	ion.
2	Did the organization undertake any significant program services during the year which were not listed on the	10111
	prior Form 990 or 990-EZ?	Z] No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? . , ,	No.
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	thers.
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 10,021,784 Including grants of \$ 8,694,774) (Revenue \$ 0)
	Rose Foundation, a supporting organization of Rose Community Foundation, makes grants in five primary Issue	•
	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: CHII D &	
	FAMILY DEVELOPMENT- \$1,590,000 to support early childhood development and education, family self-sufficiency and related	oublic
	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.	
	PHYTHER DUBLE DE SELECTION DE S	*********

	UNANAMENTAL DESCRIPTION DE LA PROPRIATORIA DELITORIA DELITORIA DELITORIA DELITORIA DELITORIA DELITORIA DELIT	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Rose Community Foundation (EIN #84-0920862), an organization supported by the Rose Foundation, had key program achieven	ent 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.	
	(For informational purposes only- activity is not included in the Rose Foundation Form 990.)	
	Market 1 Mar	
4c	(Code:) (Expenses \$Including grants of \$) (Revenue \$)
	######################################	
	#P	~~~~~
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	P4444888888888888888888888888888888888	
	######################################	
	######################################	
/A	Other program paralogo (Deceribe in Cahadula O.)	
нu	Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total are	
	Total program service expenses \(\rightarrow \) 10.021.784	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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 х 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 х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a 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 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 Х 11c 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 IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 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 Х 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 х 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 Х 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 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

Х

Х

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			-110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			_
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Briasilia	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
OL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		 -
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			·
	If "Yes," complete Schedule R, Part V, line 2	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2010

Form 990		Rose	Foundation	04-0418174	Pag
Part V	Statem	ents Regard	ing Other IRS Filings and Tax Compliance		

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> 1a</u>	4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c	Х	and the same
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	33			100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	10000000
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			和影響	海色學	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	_
				3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
h	financial account in a foreign country (such as a bank account, securities account, or other financial in the foreign country.)	accou	nty?	4a	Saran	A
·D	If "Yes," enter the name of the foreign country:	۸۵۵۵۱	nto			
5 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		x
	ISBN 11 11 15 15 15 15 15 15 15 15 15 15 15			5c		-
	It "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
- Cu	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 contribut			- Ou		
	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 set	vices _i	provided to the payor?	7a	\$1.50 <u>0</u> 500.000	X
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tir	ne during the year?	8	na sodinus v	X
9	Sponsoring organizations maintaining donor advised funds.			Talaka.		
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	
	Did the organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • • •		9b	38.88.512	200/100
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	140-	1			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter:	LIOD				
· ·	Gross income from members or shareholders	11a	1			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	1042250	THE STATE OF THE S
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			Walter Control	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	·			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	- or or street	
	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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	eО.		14b		

Form 990 (2012) Rose Foundation 84-0418124 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8b, or 10b below describe the circumstances processes or changes in Schedule O. See instructions

	to line 6a, 6b, or 70b below, describe the circumstances, processes, or changes in Schedule C	. 366	nstructions.			
	Check if Schedule O contains a response to any question in this Part VI				·····	Х
Sec	tion A. Governing Body and Management		·			
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				10.40	
	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	1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other		,	
	officer, director, trustee, or key employee?			2	Х	TO SEE SEE SEE
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?		***************************************	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?		•	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			9/22		(April)
а	The governing body?	-	ū	8a	X	F16952500
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			-		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such or			100		
	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 boo			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,				
12a	Political and the state of the			12a	X	assancy
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	ıflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120		
	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?		***************************************	13	х	
14	Did the organization have a written document retention and destruction policy?			14	х	·
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent			3890
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	ar.
b	Other officers or key employees of the organization	• • • • • • • • • • •		15b		х
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***************************************	100	75.45G	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
-	taxable entity during the year?			16a	18,5953	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate ite	narticination	ioa	1983006	i de la companya de l
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to					
	exempt status with respect to such arrangements?			16h		
Sec	tion C. Disclosure		***************************************	16b	Ь	L
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 (Sec	tion 501/a\/2\a aa\-4	avoile!	No.	
	for public inspection. Indicate how you made these available. Check all that apply.	1 (060	aon oo r(c)(o)s only,	availat	лe	
	X Own website Another's website X Upon request Other (explain	ı in Sa	hadula Ol			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c			ساغلمي	!-!	
10	statements available to the public during the tax year.	OFFICE	or arrerest policy, a	na ilnai	icial	
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ordo of the america	alla		
20	Anne Garcia - 303-398-7400	and 180	orus or the organiz	auon:		

600 S. Cherry Street, Suite 1200, Denver, CO 80246

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

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

х

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	IT e than one n is both an tor/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) Stephanie Foote	1.00									
Chair	2.00	Х	<u> </u>	Х	<u> </u>	L		0.	0.	0.
(2) Rob Klugman	1.00									
Secretary	1.00	Х	<u> </u>	Х	<u> </u>			0.	0.	0,
(3) Milroy A. Alexander	1.00						İ			
Trustee	1,00	Х			<u> </u>			0.	0.	0.
(4) Jennifer Atler Fischer	1.00			İ						-
Trustee	1.00	Х						0,	0.	0.
(5) Judy Altenberg	1.00									
Trustee	1.00	Х						0.	0.	0.
(6) Lisa Reckler Cohn	1,00									
Trustee	1,00	Х						0.	0,	0.
(7) Jerrold Glick	1.00				ĺ					
Trustee	1.00	х			<u> </u>			0.	0.	0.
(8) Katherine Gold	1.00									
Trustee	1.00	х			ļ			0.	0.	0.
(9) William N. Lindsay III	1.00									
Trustee	1.00	Х						0.	0.	0.
(10) Doug Jones	1.00		:							
Trustee	1.00	х						0.	0.	0.
(11) Helayne Jones, Ed. D.	1.00									
Trustee	1.00	X						0.	0.	0.
(12) Evan Makovsky	1.00									
Trustee	1.00	х						0.	0.	0.
(13) Ronald E. Montoya	1.00									
Trustee	1.00	х					1	0.	0.	0.
(14) Monte Moses	1.00									
Trustee	1.00	х						0.	0.	0.
(15) Neil Oberfeld	1,00									
Trustee	1.00	х		<u></u>				0.	0.	0.
(16) Dean Prina, M.D.	1.00									
Trustee	1.00	x						0.	0.	0.
(17) Irit Waldbaum	1.00					Т				
Trustee	1.00	x						0.	0.	0.

TOTAL CONTROL										1 agc e
Part VII Section A. Officers, Directors, True	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(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)	compensation from the organization and related organizations
(18) Marjorie Gart	24.00									
Dir. of Philanthropic Serv	16.00			Х	<u> </u>			45,599.	29,622.	0,
(19) Sheila Bugdanowitz	24.00									
President & CEO	16.00			х				171,333.	111,301.	25,880.
(20) Anne Garcia	24.00									
Treasurer, CFO & COO	16.00			Х		<u> </u>		86,946.	56,482.	17,926.
(21) Lisa Farber-Miller	40.00				l					
Senior Program Officer						X		118,778.	0,	15,492.
(22) Elsa Holguin	40.00]								
Senior Program Officer		_				х		140,430.	0.	16,982.
			1			1				
1b Sub-total						<u> </u>	l	563,086.	197,405.	76,280.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								563,086.	197,405.	76,280.
2 Total number of individuals (including but							ho r	eceived more than \$100	0.000 of reportable	

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

Yes No X

Х

3

4

5

line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Watershed Investment Consultants, 6400 S.		
Fiddler's Green Cir, Denver, CO 80111	Investment Management	177,688.
Marsico		· · · · · · · · · · · · · · · · · · ·
1200 17th Street, #1300, Denver, CO 80202	Investment Management	146,715.
Marathon Asset Management, Orion House 5		
Upper St. Martin's Lane, , London, WC2H	Investment Management	136,515.
Capital Guardian Trust Companys, 630 Fifth		
Avenue, 34th floor, New York, NY 10111	Investment Management	135,677.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
4

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (**D)** Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 513, or 514 revenue revenue Grants 1a 1 a Federated campaigns Membership dues 1b Giffs, Gilar Am c Fundraising events 1c 204,368. d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f . 204,368 Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,812,563, 5,306. 12,227. 2,795,030. Income from investment of tax-exempt bond proceeds 2,427 5 Royalties 2.427. (i) Real 6 a Gross rents 71,668, 0. **b** Less: rental expenses 71,668, c Rental income or (loss) 71,668 d Net rental income or (loss) 71,668. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 6,325,373 36,256 d Net gain or (loss) 6,289,117, 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d

9,416,399.

5,306.

Total revenue. See instructions.

48,483.

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 (**D)** Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 8,694,774 organizations in the United States. See Part IV, line 21 8,694,774 2 Grants and other assistance to individuals in the United States. See Part IV. line 22 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 Compensation of current officers, directors, trustees, and key employees 330,433 248,386 82,047 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 786,477. 7 Other salaries and wages 591,195 195,282 Pension plan accruals and contributions (include 28,052 21,087 section 401(k) and 403(b) employer contributions) 6,965 Other employee benefits 107,019. 80,446 26,573 9 53,125 70,673 17,548 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal Accounting _____ d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 540,781 540,781 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 80,474. 43,560, 36 914 Advertising and promotion 12 Office expenses 76,259 57,329 18,930 13 14 Information technology 15 Royalties 161,190. 121,167 40,023 16 Occupancy 55,004 41,346 13,658 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 5,373 21 640 16 267 23 Insurance 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 O.) 17,540 Communication expense 70,641 53,101 Income tax expense 54,347. 54,347 Miscellaneous 1.641. 1,641 C e All other expenses Total functional expenses. Add lines 1 through 24e 11,079,405. 10,021,783. 1,057,622 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

Serviden 186		Check if Schedule O contains a response to any	quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			783,158.	1	848,566.
	2	Savings and temporary cash investments		*******************************		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		950,004.	4	857,457.	
	5	Loans and other receivables from current and fo				CO HE	
		trustees, key employees, and highest compensa	ited er	nployees. Complete			
		Part II of Schedule L		***************************************		_ 5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
w :		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	46,162.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	757,702. 509,441.	Turkan kan merupagan seria dan dengan persebagai kan disebagai ka		
	b	Less: accumulated depreciation	248,261.	10c	248,261.		
	11	Investments - publicly traded securities	153,584,786.	11	161,077,459.		
	12	Investments - other securities. See Part IV, line 1	1		95,953,221.	12	102,964,969.
	13	Investments - program-related. See Part IV, line	500,000.	13	500,000.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	252,019,430.		266,542,874.
	17	Accounts payable and accrued expenses	3,445,580.	17	1,887,692.		
	18	Grants payable	4,281,578.	18	4,777,396.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete F			Tables in the second respective to the second	21	
Liabilities	22	Loans and other payables to current and former					
<u>:</u>		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	50 406 466		
		Schedule D			52,406,166.	1	57,705,017.
	26	Total liabilities. Add lines 17 through 25			60,133,324.	26	64,370,105.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ X and			
Š		complete lines 27 through 29, and lines 33 an			101 006 106	100.50	000 170 760
an	27	Unrestricted net assets			191,886,106.	27	202,172,769.
Ba	28	Temporarily restricted net assets				28	
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		(P) shook hore		29	
正		and complete lines 30 through 34.	3C 93	o), check here			
<u>1</u> 20	20			900			
sei	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				30	
tΑ	32	Retained earnings, endowment, accumulated in				31	
Š	33	Total net assets or fund balances			191,886,106		202,172,769.
	34	Total liabilities and net assets/fund balances			252,019,430		266,542,874.
	, 57		********			1 04	Form 990 (2012)

orm	990 (2012) Rose Foundation	84-0418124		Pad	ge 12
Pai	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	····	,	,	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	9	,416,	399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,079,	405.
3	Revenue less expenses, Subtract line 2 from line 1	3	<1	,663,	006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	191	,886,	106.
5	Net unrealized gains (losses) on investments	5	11	,949,	669.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	202	,172,	769.
Pa	TIXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			Х
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	******	2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both:				
	Separate basis LX Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	********************	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

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

Open to Public Inspection

Employer identification number

Name of the organization

Rose Foundation 84-0418124 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b X Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? Х 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? х 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) of your support? above or IRC section governing document? U.S.? (see instructions)) Yes No Yes Yes No Rose Community Foundation 84-0920862 JINE 7 Х Х X

1,487,350.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010(d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 qualifies as a publicly supported organization ______ 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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	•					(1)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4.	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			-			
Ū	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5		,				
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 0000	(h) 0000	(-) 0040	(,), 0044	4) 0040	
	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gross income from interest,				-		
100	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
L	Unrelated business taxable income				-		
	(less section 511 taxes) from businesses						
	acquired ofter lune 20, 1075						

	Add lines 10a and 10b						
• •	activities not included in line 10b,	·					
	whether or not the business is	ļ					
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				
14	First five years. If the Form 990 is for						
80	check this box and stop here	ic Support Do	rooptogo		••••••		.
				l (n)		T I	
	Public support percentage for 2012 (15	<u>%</u>
	Public support percentage from 2011 ction D. Computation of Inve					16	%
						T 4-1	
	Investment income percentage for 20					17	%
	investment income percentage from						%
198	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047
2012

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

Open to Public

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

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

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

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

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

		ions: Complete Part III.	·······		
Name of organization				Emple	oyer identification number
	Rose Founda				84-0418124
Part I-A Co	mplete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
2 Political exper	nditures	ation's direct and indirect politic		> \$	
Part I-B Co	mplete if the org	janization is exempt und	ler section 501(c)	(3).	
		incurred by the organization und			
2 Enter the amo	unt of any excise tax	incurred by organization manag	ers under section 4955	s ▶ \$	
3 If the organiza	ition incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes L No
4a Was a correct	ion made?				Yes No
b If "Yes," desc					\(\alpha\)
TARRESON/OFFICE SHIPE YORK	···	janization is exempt und		·	
	- · · · · · · · · · · · · · · · · · · ·	d by the filing organization for se			
		ization's funds contributed to ot			
•	•	a. Add lines 1 and 2. Enter here a			
IINE 170	vernisation file Farm	4400 DOL for this year?			Yes No
		1120-POL for this year?			
		tion listed, enter the amount pai	· ·	_	
		omptly and directly delivered to			•
political action	n committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
`,		• •	, ,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			•		

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a Lobbying nontaxable amount	764,879.	745,418.	735,976.	703,970.	2,950,243.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,425,365.		
c Total lobbying expenditures							
d Grassroots nontaxable amount	191,220.	186,355.	183,994.	175,993.	737,562.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,106,343.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Rose Foundation 84-0418124 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)	
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
i Other activities?				
j Total. Add lines 1c through 1i				40
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	•			The ending of the second
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c))(5), or se	ection	
501(c)(6).			V	N-
Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members			t III-A, Iii	ne 3, is
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid). a Current year 	litical			
b Carryover from last year				
c Total	•••••	2c		
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	d political			
Expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		,
Part V Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	Part II-A (affil	liated group	list); Part 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.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number Rose Foundation 84-0418124

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ds or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o	· - · -	-
	impermissible private benefit?		
Par	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		are a series, radion cassinone on the last
	,,,		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	listed in the National Register	•	
3	Number of conservation easements modified, transferred, re		
•	year >	readed, extinguioned, or terminated by	ino organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		– of
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
•	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.	tion of the role of detailed the docomb	od the organization a accounting for
Pai	till Organizations Maintaining Collections o	f Art. Historical Treasures. or	Other Similar Assets.
55,882 E88	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		tement and balance sheet works of art
	historical treasures, or other similar assets held for public ext		•
	the text of the footnote to its financial statements that descr		station of public solvido, provido, arr art XIII,
h	If the organization elected, as permitted under SFAS 116 (AS	•	ent and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		•
	relating to these items:	dudason, or rescaron in farther arios of	public service, provide the following amounts
	(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 tre		
~	the following amounts required to be reported under SFAS 1		olai, gairi, provide
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		Ψ

Sche	dule D (Form 990) 2012 Rose Founda	tion				84-04	18124	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historica	Treasures, o	or Other	Similar As	sets(contin	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of	the following tha	t are a sigr	ificant use of	its collectio	n items
	(check all that apply):		[
а	Public exhibition	d		exchange progra				
b	Scholarly research	е	Other_					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they furth	ner the organizati	on's exemp	ot purpose in l	Part XIII.	
5	During the year, did the organization solicit or							
100000	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the organiz	zation answered	'Yes" to Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia		•					
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	liowing table:					·
						ļ	Amoun	t
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.							
E.a.	t V Endowment Funds. Complete if						1 1 1 5	
	Budantan afan a lalan	(a) Current year	(b) Prior yea	r (c) Iwo yea	s dack (d) Three years b	ack (e) Four	r years back
1a	Beginning of year balance		<u> </u>					
b	Contributions						_	
C.	Net investment earnings, gains, and losses							· · · · · · · · · · · · · · · · · · ·
	Grants or scholarships							
е	Other expenditures for facilities			ł		-		
_	and programs							
	Administrative expenses					· · · · · · · · · · · · · · · · · · ·		
g	End of year balance		L					
2	Provide the estimated percentage of the curr	-	· —	nn (a)) neid as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment							
0-	The percentages in lines 2a, 2b, and 2c shou	•		-1-1				
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are n	eid and administe	erea for the	organization	;	
	by:						0-0	Yes No
	(i) unrelated organizations						3a(i)	
h	(ii) related organizations		on Cabadula DO				3a(ii)	
	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the			***************************************			3b	<u> </u>
Pai	1 VI Land, Buildings, and Equipm							
				****	/=\ ^==		(-N.D	In a second
	Description of property	(a) Cost or o	. ' '	Cost or other asis (other)	· · ·	umulated eciation	(d) Boo	ok value
	Land		THORITY D	248,261.	ucpi	COIGLION		248 261
ia b	LandBuildings			509,441.		509,441.		248,261.
	Leasehold improvements			202,444.		202, 221.		٠,
d	Equipment		<u> </u>					7
	Other							
	I. Add lines 1a through 1e. (Column (d) must e		X. column (R)	line 10(c).)				248,261.
		,	· · · , · - · · · · · · · · · · · ·	···- · - (- / ·/ · · · · · · · · · · · · · · · ·				,

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

1.	(a) Description of liability	(b) Book value	
(1) Fe	deral income taxes		
(2) In	vestments held for Rose Community Foundation	57,705,017.	
(3)			
(4)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) line 25.)	57,705,017.	and the second of the second o

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 Rose Foundation		84-0418124	Page 4
Par	TXI Reconciliation of Revenue per Audited Financial Statement	nts With Revenue per	Return	<u> </u>
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			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Beturn	
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		72	
a		2a		
b	Prior year adjustments			
C	Other losses			
ď	,		_	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	I I		
а	,,			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5			5	
Pa	t XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I, lines 1a and 4; Part IV, line	s 1b and 2b; Part V, I	ne 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional inform	nation.	
Part	X, Line 2: The Foundation follows the Accounting for Uncertain	nty		
in 1	Income Taxes accounting standard which requires the Foundation t	:0		
dete	ermine whether a tax position (and the related tax benefit) is π	nore		
1ike	ely than not to be sustained upon examination by the applicable	taxing		
autl	nority, based solely on the technical merits of the position. T	!he		
Four	ndation believes it has appropriate support for any tax position	ns		
	The property of the property o	···		
take	en, and as such, does not have any uncertain tax positions that	are		
	, possible office			
sia	nificant to the financial statements. The tax returns for the			
91	The same secondary in the law intuing lot the		0-11 - 7/5	
			Schedule D (Form	n 990) 2012

Schedule D (Form 990) 2012 Rose Foundation Part XIII Supplemental Information (continued)	84-0418124	Page 5
Part XIII Supplemental Information (continued)		
Handahian fan bla musulana blana aran 2000 til at 1 0000		
Foundation for the previous three years, 2009 through 2011, are subject to		
examination by the IRS, generally for three years after initial filing.		
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		····
	N	

Schedule D (Form 990) Rose Foundation Part XIII Supplemental Information (continued)

Part VIII Investments - Other Securities. See Form 990, Part X, line 12	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Commonfund Capital Venture Partners VII, L.P.	946,813.	FMV
Commonfund Capital Natural Resources Partners VII, L.P.	4,474,008.	FMV
Commonfund Capital Natural Resources Partners VIII, L.P.	5,835,357.	FMV
Commonfund Capital International Partners V, L.P.	1,531,838.	FMV
Commonfund Capital Private Equity Partners VII, L.P.	1,799,031.	FMV
Commonfund Capital Venture Partners VIII, L.P.	3,065,694.	FMV
DLJ Real Estate Capital Partners II, L.P.	509,189.	FMV
DLJ Diversified Partners, L.P.	13,006.	FMV
DLJ Investment Partners II, L.P.	21,975.	FMV
DLJ Merchant Banking Partners III, L.P.	765,523.	FMV
FCOI II Holdings, L.P.	11,110,000.	FMV
FLAG International Partners, L.P.	2,716,457.	FMV
FLAG Venture Partners VI, L.P.	6,005,591.	FMV
FLAG Private Equity III, L.P.	3,749,173.	FMV
Greenlight Capital Offshore, Ltd.	18,488,029.	FMV
GSC European Mezzanine Offshore Cap, L.P.	184,142.	FMV
J.P. Morgan Partners Global Investors, L.P.	268,953.	FMV
J.P. Morgan Partners Latin America, L.P.	23,692.	FMV
Trilantic Capital Partners Fund III, L.P.	690,811.	FMV
Markstone Capital Partners, L.P.	848,244.	FMV
Pantheon USA Fund VI, L.P.	3,518,442.	FMV
Peabody International Real Estate Private Partners LLC	87,815.	FMV
FirstMark II, L.P.	65,509.	FMV
Platte River Ventures II, L.P.	702,766.	FMV
Shamrock Israel Tax-Exempt Fund, L.P.	1,738,154.	FMV
Spinnaker Global Emerging Markets Fund, Ltd.	118,614.	FMV
1		

Part XIII Supplemental Information (continued)

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
, , , , , , , , , , , , , , , , , , , ,		Sout of cita of your market value
pecial Value Continuation Fund, LLC	2,987,695.	FMV
Special Value Opportunities Fund, LLC	1,165,777.	FMV
ennenbaum Opportunities Fund V, LLC	1,397,230.	FMV
L Ventures V Special Partners LLC	575,403.	FMV
rimarin Fund II, LLC	909,120.	FMV
Pauls Real Estate Opportunities (2009), L.P.	1,142,940.	FMV
Tennenbaum Opportunities Fund VI, LLC	935,025.	FMV
CCV Capital Partners LLC	257.	FMV
Northgate Venture Partners VI, L.P.	63,039.	FMV

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	es"
	maintain recor	ds to substantiate the amount of its are	ente and other assistance	
				Yes No
ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
ne following Part	: I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
		·		
		Investments		20 500 000
		111 CS CHICITES		29,598,029.
		Investments		15,473,333.
•				
		Investments		848,244.
	-			
·				
			-	
0	0			45,919,606.
_	_			
0	U			0.
0	0		E	45,919,606.
	t IV, line 14b. the organization or the grants or a ribe in Part V the ne following Part (b) Number of offices in the region 0	t IV, line 14b. the organization maintain record or the grants or assistance, and ribe in Part V the organization's the following Part I, line 3 table organization's (b) Number of offices in the region of independent contractors in region of the following Part I, line 3 table organization's agents, and independent contractors in region of the following Part I, line 3 table organization's agents, and independent contractors in region of the following Part I, line 3 table organization's agents, and independent contractors in region of the following Part I, line 3 table organization's agents, and independent contractors in region of the following Part I, line 3 table organization's agents, and independent contractors in region of the following Part I, line 3 table organization's agents, and independent contractors in region of the following Part I, line 3 table organization organization's agents agents, and independent contractors in region of the following Part I, line 3 table organization's agents agen	t IV, line 14b. the organization maintain records to substantiate the amount of its gracer the grants or assistance, and the selection criteria used to award the ribe in Part V the organization's procedures for monitoring the use of its refollowing Part I, line 3 table can be duplicated if additional space is refollowing Part I, line 3 table can be duplicated if additional space is refollowing Part I, line 3 table can be duplicated if additional space is refollowing Part I, line 3 table can be duplicated if additional space is refollowing program in the region of employees, agents, and independent contractors in region Investments Investments Investments Investments O 0 0 0 0	the organization maintain records to substantiate the amount of its grants and other assistance, or the grants or assistance, and the selection criteria used to award the grants or assistance?

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

SCHOOL 1	1 (101111000) 2012
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.
_	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
	10 Cart 10 Car											
							2					
the IRS, or for which ti	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter											

3	Enter total nu	mber of other	organizations	or entities

Part III can be duplicated if ad (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
	*						
	···						
	· · · · · · · · · · · · · · · · · · ·						

	lule F (Form 990) 2012 Rose Foundation	84-0418124	Page 4
Part	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	 □ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	x No

for Form 5713)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States 2012

Open to Public

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 identification number
Rose Foundati	·						84-0418124
Part I General Information on Grants a	and Assistance				****	·	
 Does the organization maintain records 		_		-	•		
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to		•			ganization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boulder Community Housing							
Corporation - 2525 13th Street,			-				Family Self-Sufficiency
#204 - Boulder, CO 80306	74-2321463	501(C)(3)	5,000.	0.	N/A	N/A	Program
Boulder County Public Health Department - 3450 Broadway - Boulder CO 80304	84-0563338	501(C)(3)	85,000.	0.	N/A	N/A	GENESISTER Program
					<u> </u>		
Catholic Charities							
4045 Pecos Street							Seniors Health and
Denver, CO 80211	84-0686679	501(C)(3)	20,000.	0.	N/A	N/A	Wellness Services
Center for People with Disabilities - 10351 Grant Street, Unit 1 - Denver, CO 80229	84-0732497	501(c)(3)	10,000.	0.	N/A	N/A	Beyond Vision program-matching grant
Center for Teaching Quality 605 West Main Street Carrboro, NC 27510	04-3606319	501(c)(3)	150,000,	n	N/A	N/A	Denver New Millennium Initiative
edilloro, No 17510	01 0000015						
Center for Work Education and Employment - 1175 Osage St., Ste							
300 - Denver, CO 80204	74-2202303	501(C)(3)	20,000.	0.	N/A	N/A	Job-readiness programs
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table) 125.
3 Enter total number of other organizations							0.

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
CHARG Resource Center							
709 East 12th Avenue							_
Denver, CO 80203-2610	84-1116982	501(C)(3)	20,000.	0.	N/A	N/A	Smart Mouths
							The Institute at Clayton
Clayton Early Learning							Early Learning over two
3801 Martin Luther King Blvd.	84 8438838	E01/G1/21	414 000		17/2	7/3	years, Birth to Five
Denver, CO 80205	84-0432238	501(C)(3)	414,980.	U.	N/A	N/A	Policy Alliance
Colorado "I Have A Dream"							
Foundation - 1836 Grant Street -							Intensive Support
Denver, CO 80203	74-2497109	501(C)(3)	7,500.	0	N/A	N/A	Services
Denver, Co 80203	74-2457105	501(0)(3)	1,500.		K/11		
Colorado Agency for Jewish							Professional development
Education - 300 S. Dahlia St., Ste					•		to ECE centers over three
101 - Denver, CO 80246	84-0735278	501(C)(3)	140,500.	. 0.	N/A	N/A	years
			İ				
Colorado Association of Funders					-		Annual Membership renewal
600 South Cherry Street							2013, Meeting attendance
Denver, CO 80246	71-0947313	501(C)(3)	6,142.	0.	N/A	N/A	for Rose staff
Colorado Center for the Blind							
2233 West Shepperd Avenue							
Littleton, CO 80120-2038	74-2465141	501(C)(3)	15,000.	0.	N/A	N/A	Senior Services Program
Colorado Children's Campaign							
1580 Lincoln Street	74 2274672	E01/0\/3\	157 010	0	NT / 2	N/A	General operating support
Denver, CO 80203	74-2374672	501(C)(3)	157,810.	· ·	N/A	N/A	General Operating support
Colorado Community Health Network]				Covering Kids and
600 Grant St., Ste 800							Families Project over two
Denver_ CO 80203-3528	84-0910590	501(C)(3)	117,455.	n	N/A		years
Deliver, CO 00203-3320	04 0710270	501(0)(0)	111, 333.			f.,	μ
Colorado Consumer Health			[
Initiative - 1536 Wynkoop Street,							General operating support
#101 - Denver, CO 80202	84-1145452	501(C)(3)	200,000.	0.	N/A	N/A	over two years

Schedule I (Form 990) Rose Foundation	on					8	4-0418124 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Criminal Justice Reform Coalition - 1212 Mariposa Street, Suite 6 - Denver, CO 80204	84-1449882	501(C)(3)	15,000.	0.	N/A	N/A	Re-entry Program
Colorado Department of Human Services - 1575 Sherman St., 10th floor - Denver, CO 80203	84-0644739	501(C)(3)	200,000.	0.	N/A	N/A	Senior Source
Colorado Gerontological Society 3006 E Colfax Denver, CO 80206	74-2139782	501(C)(3)	10,000.	0.	N/A	N/A	Medicare and Medicaid outreach and enrollment activities
Colorado Health Institute 303 E. 17th Avenue, Suite 930 Denver, CO 80203	74-3082235	501(C)(3)	310,000.	0.	N/A	N/A	General operating support
Colorado Latino Leadership, Advocacy & Research Organization (CLLARO) - 309 W. 1st Avenue - Denver, CO 80223	84-0562952	501(C)(3)	10,275.	0.	N/A	N/A	Research Division
Colorado League of Charter Schools 725 S. Broadway Denver, CO 80209-4005	84-1288512	501(C)(3)	25,500.	0.	N/A	N/A	Colorado Teacher Effectiveness Collaborative (CTEC)
Colorado Legacy Foundation 1660 Lincoln Street Denver, CO 80264	26-1597530	501(C)(3)	416,843.	0.	N/A	N/A	Integration of public school/behavioral health systems, Strategic initiatives
Colorado Nonprofit Association 789 Sherman Street Denver, CO 80203	84-0942908	501(C)(3)	5,195.	0.	N/A	N/A	Colorado Nonprofit Week Awards Luncheon 2012 (Gold Sponsor)
Colorado Nonprofit Development Center - 789 Sherman Street, Suite 250 - Denver, CO 80203	84-1493585	501(C)(3)	622,554.	0.	N/A		BLCiH- Gen op support, CCHAP, National Philanthropy Day 2012

Schedule I (Form 990) Rose Foundation	on						4-0418124 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado UpLift					4		
3914 King St.							After School and Summer
Denver, CO 80211-1932	84-0889330	501(c)(3)	7,500.	0.	N/A	N/A	 Adventure Programming
	1		, , , , , , , , , , , , , , , , , , , ,				
Colorado Youth for a Change	}						
2931 West 25th Avenue, #201							
Denver, CO 80211	20-2501002	501(C)(3)	35,000.	0.	N/A	N/A	General operating support
,							
Community Action Development							
Corporation - P.O. Box 471 -							
Boulder, CO 80306	84-0959900	501(C)(3)	10,000.	0.	N/A	N/A	Circles Campaign
Community Resource Center							
789 Sherman Street, Suite 210							
Denver, CO 80203	84-0838406	501(C)(3)	25,000.	0.	N/A	N/A	General operating support
					ĺ		
Community Shares of Colorado							
1536 Wynkoop Street							Nonprofit Sustainability
Denver, CO 80202	74-2401941	501(C)(3)	15,000.	0.	N/A	N/A	Program
Continuing Legal Education in							Gandam Tari Day Handbook
Colorado - 1900 Grant Street, Ste.	04 0545044	E01 (5) (3)				7/3	Senior Law Day Handbook 2012
300 - Denver, CO 80203	84-0616041	501(C)(3)	8,000.	0.	N/A	N/A	2012
Dental Aid							
877 S. Boulder Rd.							Adult Assured Access
Louisville, CO 80027	84-0717588	501(C)(3)	30,000.	0	N/A	N/A	Program
Hodisville, co oouz/	04 0717300	501(0)(3)	30,000.				
Denver Asset Building Coalition							
2980 Curtis Street							
Denver, CO 80205	77-0646873	501(C)(3)	20,000.	0	N/A	N/A	General operating support
2021.01, 00 00200	7. 5545073		20,000				
Denver Community Kollel							
1516 Xavier St., Ste 500							Jewish learning classes
Denver CO 80204	84-1520391	501(C)(3)	18,500.	0.	N/A	N/A	for women
I	1	<u> </u>	· · · · · · · · · · · · · · · · · · ·		L	<u> </u>	Schodulo I (Form 990)

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Sustainability Campaign,
Denver Jewish Day School							Land Use Management and
2450 S. Wabash St.				_			Support project, Matching
Denver, CO 80231	84-1476467	601(C)(3)	139,050.	0.	N/A	N/A	gifts
Denver Kids, Inc.							
1330 Fox St., 2nd Floor South							Educational Counseling
Denver, CO 80204	84-1244211	501(C)(3)	10,000.	0.	N/A	N/A	and Mentoring Program
Denver Metro Chamber Leadership							
Foundation - The Chamber Building							Colorado in Context
- Denver, CO 80202-1790	74-2489854	501(C)(3)	10,460.	0.	N/A	N/A	(pilot year)
Denver Public Schools Foundation							i3-Invest in Innovation,
900 Grant Street, Ste. 503							CSR Implementation in
Denver, CO 80203-2907	84-1224325	501(C)(3)	212,625.	n	N/A	N/A	Year 3 through Year 5
<u> </u>	0 + 122+323	501(0)(3)	212,023.		N/A	172	rear 5 chrough rear 5
Doctors Care							
609 West Littleton Boulevard, Ste							Purchase and renovation
Littleton, CO 80120	84-1150815	501(C)(3)	50,000.	0.	N/A	N/A	of a new clinic facility
Early Childhood Council of Boulder							
County - 1285 Cimarron Drive,							
Suite 201 - Lafayette, CO 80026	84-1359734	501(C)(3)	20,000.	0.	N/A	N/A	General operating support
	-						Implementation of
Early Excellence Program of Denver							extended day program and
3580 Franklin Street							professional development
Denver, CO 80205	84-1468640	501(C)(3)	20,050.	0.	N/A	N/A	and educational services
Easter Seals Colorado]				Rehabilitative Services
5755 W. Alameda Ave.]				and Stroke Day Program
Lakewood, CO 80226	84-0412575	501(C)(3)	45,000.	0.	N/A	N/A	over two years
Ekar							
2836 Vrain Street							Program expansion and
Denver, CO 80212	45-1567217	501(C)(3)	69,680.	0.	N/A	N/A	evaluation

Schedule I (Form 990) Rose Foundati							4-0418124 Page 1
Part II Continuation of Grants and Other							T
(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
El Centro Humanitario							
2260 California St.							
Denver, CO 80205	03-0412235	501(C)(3)	25,200.	0.	N/A	N/A	General operating support
Family Star							
2246 Federal Blvd.							 Professional development
Denver, CO 80211	84-1114455	501(C)(3)	13,000.	0.	N/A	N/A	for staff
							Early Learning
Florence Crittenton Services of							Center-Quality Improv;
Colorado - 55 South Zuni Street -							parent edu & feasiblility
Denver, CO 80223-1208	84-0429686	501(C)(3)	83,725.	0.	N/A	N/A	study
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 Incorporated of Metro Denver							
1499 Julian Street							Center-Based Educational
Denver, CO 80204	74-2277668	501(C)(3)	7,150.	0.	N/A	N/A	Enrichment Programs
			,				
Gold Crown Foundation							
7400 East Crestline Circle		;					The Gold Crown Computer
Greenwood Village, CO 80111	74-2422126	501(C)(3)	7,500.	0.	N/A	N/A	Clubhouse
Great Education Colorado							
1000 East 16th Avenue Suite 018							
Denver CO 80218	56-2517232	501(C)(3)	20,375.	0	N/A	N/A	General operating support
Denver, Co Cozio	30 231/232	201(0)(3)	20,313.				Family Self-Sufficiency,
Growing Home							Early Childhood
3489 West 72nd Avenue, Suite 110							Intervention Programs and
Westminster, CO 80030	84-1461503	501(C)(3)	20,000.	0.	N/A	N/A	Staff Fundraising
· · · · · · · · · · · · · · · · · · ·	. ,,						-
Hillel of Colorado							Part-time development
2390 S. Race Street							associate over three
Denver, CO 80210	52-1758791	501(C)(3)	46,680.	0.	N/A	N/A	years, Matching gifts

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
Hispanics in Philanthropy							
414 13th St., Suite 200		,					
Oakland, CA 94612	94-3040607	501(C)(3)	10,000.	0.	N/A	N/A	HIP Membership Dues 2012
Housing Colorado							
225 E. 16th Ave., Ste 575							
Denver, CO 80203-1606	84-1234119	501(C)(3)	10,000.	0.	N/A	N/A	General operating support
"I Have a Dream" Foundation of							
Boulder County - 2515 East							
Sterling Circle - Boulder, CO							Positive Futures Program
80301	84-1150542	501(C)(3)	15,000.	0.	N/A	N/A	Evaluation
InnovAge Home Care							
8950 E. Lowry Blvd.							
Denver, CO 80230	23-7090107	501(C)(3)	60,000.	0.	N/A	N/A	Program support
Intercambio de Comunidades							
4735 Walnut Street, Suite B							
Boulder, CO 80301	20-0078381	501(C)(3)	7,500.	0.	N/A	N/A	General operating support
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
							Early Intervention
Jefferson Center for Mental Health							Services, Health Care
70 Executive Center							Coordinator over two
Wheat Ridge, CO 80033	84-0474717	501(C)(3)	80,000.	0.	N/A	N/A	years
Jewish Family Service of Colorado							Senior Solutions
3201 S. Tamarac Dr., Ste 200							Department and NORC in
Denver, CO 80231	84-0402701	501(C)(3)	346,241.	0.	N/A	N/A	Edgewater
,			,				
Judaism Your Way							
600 Grant Street				i			
Denver, CO 80203	46-0517841	501(C)(3)	25,054.	0.	N/A	N/A	Program expansion

Schedule I (Form 990) Rose Foundation							4-0418124 Page 1
Part II Continuation of Grants and Other	Assistance to Go	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) 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
Jumpstart 1801 Avenue of the Stars, #210 Los Angeles, CA 90067	26-2173175	501(C)(3)	40,000.	0.	N/A	N/A	National Survey of American Jewish Giving over two years
Keshet 284 Amory Street Jamaica Plain, MA 02130	48-1278664	501(C)(3)	95,072.	0.	N/A	N/A	Community organizing and organization support over two years
Limmud Colorado P.O. Box 22204 Denver, CO 80222	26-0248795	501(C)(3)	31,307.	0.	N/A	N/A	Program support and technical assistance
Longmont Meals on Wheels 910 Longs Peak Ave. Longmont, CO 80501-4457	84-0590979	501(c)(3)	24,000.	0,	N/A	N/A	General operating support and a matching grant
Lutheran Family Services Rocky Mountains - 363 South Harlan Street - Denver, CO 80226-3552	84-0775550	501(c)(3)	12,000.	0.	N/A	N/A	Older Adults and Caregiver Services Program
Mapleton Public Schools 591 E. 80th Ave. Denver, CO 80229	84-6000817	501(C)(3)	13,500.	0.	N/A	N/A	Postsecondary transition program
Maria Droste Counseling Center 1355 S. Colorado Blvd. Denver, CO 80222-3310	84-1182130	501(C)(3)	25,100.	0.	N/A	N/A	General operating support
Meals on Wheels of Boulder 909 Arapahoe Avenue #121 Boulder, CO 80302	84-0594180	501(C)(3)	24,000.	0.	N/A	N/A	General operating support
Menorah: Arts, Culture and Education at the Boulder JCC - c/o Boulder Jewish Community Center - Boulder, CO 80301	84-1513140	501(C)(3)	20,000.	0.	N/A	N/A	Boulder Jewish Festival 2013 & 2014

Page 1

Schedule I (Form 990) Rose Foundation Part II Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa		4-0418124 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mental Health Center of Denver							
4141 E. Dickenson Place							Training for mental
Denver, CO 80222	74-2499946	501(C)(3)	27,500.	0.	N/A	N/A	health professionals
Mental Health Partners							Integrated medical and mental health care
1333 Iris Avenue							services over 2 years,
Boulder, CO 80304-2296	84-0520493	501(C)(3)	60,000.	0.	N/A	N/A	Early Childhood
•							
Mercy Housing Inc.							
1999 Broadway, Suite 1000 Denver, CO 80202	47-0646706	501(C)(3)	20,000.	n	N/A	N/A	Resident Services Program
Denver, CO 80202	47-0040700	D01(C)(3)	20,000.		W/ A	17.23	TODICOTO DOLVIOCO 11091am
Metro Community Provider Network							
3701 S. Broadway							Accountable Care
Englewood, CO 80110	74-2477108	501(C)(3)	44,250.	0.	N/A	N/A	Coordinator Program
Mahara Walambaana							
Metro Volunteers 789 Sherman Street, Suite 385							
Denver CO 80203	84-0782124	501(C)(3)	20,200.	0.	N/A	N/A	 General operating support
Zenver, de conse							Business and Career
Mi Casa Resource Center							Development Programs,
360 Acoma Street							Youth and Family
Denver, CO 80223	84-0867773	501(C)(3)	35,100.	0.	N/A	N/A	Development Programs
artin milatara da antara da Marila	i.						
Mile High Montessori Early Learning Centers - 1780 Marion							Professional development
	84-0617972	501(C)(3)	60,100.	0	N/A	N/A	for teachers
Street - Denver, CO 80218	04-001/3/2	501(0)(3)	00,100.			,	
Mile High United Way							
2505 18th st.							Executives Partnering to
Denver, CO 80211	84-0404235	501(C)(3)	10,250.	Ö.	N/A	N/A	Invest in Children
National Council on Aging							
National Council on Aging 1901 L St NW FL 4							Service Innovation Pilot
Washington, DC 20036	13-1932384	501(C)(3)	23,000.	0	N/A		Project

Schedule I (Form 990) Rose Foundati	lon						4-0418124 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Office of the Governor, State of Colorado - 136 State Capitol - Denver, CO 80203	84-0644739	Government	15,000.	0.	N/A	N/A	GIH matching grant to support a grantwriting consultant
OpenWorld Learning 360 Acoma Street, Ste. 102 Denver, CO 80223	84-1538872	501(C)(3)	10,000.	0.	N/A	N/À	After school program
Padres & Jovenes Unidos 3025 W. 37th Ave., Ste 206 Denver, CO 80211-2785	84-1426652	501(C)(3)	50,235.	0,	N/A	N/A	General operating support
Planned Parenthood of the Rocky Mountains - 7155 E. 38th Ave Denver, CO 80207	84-0404253	501(C)(3)	52,700.	0.	N/A	N/A	Evaluation Initiative, Matching gifts
Project Angel Heart 4950 Washington Street Denver, CO 80216	84-1199481	501(C)(3)	25,000.	0.	N/A	N/A	Home delivered meals for seniors coping with life threatening illness
Project WISE 1301 Kalamath Street Denver, CO 80204	84-1325938	501(C)(3)	20,875.	0.	N/A	N/A	General operating support
Public Interest Projects 45 West 36th Street New York, NY 10018	13-3191113	501(C)(3)	70,000.	0.	N/A	n/A	Colorado Communities for Public Education Reform (Colorado CPER) over two years
Qualistar Colorado 3607 Martin Luther King Blvd. Denver, CO 80205	84-0685056	501(C)(3)	200,000.	0.	N/A	n/A	General operating support
Ramah Outdoor Adventure 5600 S. Quebec St., Suite 250-C Greenwood Village, CO 80111	20-4078988	501(C)(3)	49,450.	0.	N/A	N/A	Fund development, marketing and facilities management support

Schedule I (Form 990) Rose Foundation							4-0418124 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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Reach Out and Read Colorado							
4380 S. Syracuse St.; Ste. 520							
Denver, CO 80237	86-1172160	501(C)(3)	15,250.	0.	N/A	N/A	 General operating support
•							
Reading Partners							
6300 E. Yale Ave., Suite 110							RP program launch in
Denver, CO 80222	77-0568469	501(C)(3)	50,000.	0.	N/A	N/A	Denver over two years
				·			
Rebuilding Together Metro Denver							
12567 W. Cedar Drive	0. 1514640	E01 (E) (2)	05 000		- / -		.
Lakewood, CO 80228	84-1514642	501(C)(3)	25,000.	0.	N/A	N/A	Program support
Robert E. Loup Jewish Community							Shalom Baby and Family
Center - 350 S. Dahlia St							Programs over 3.5 years,
Denver, CO 80246	84-0404245	501(C)(3)	176,570.	0.	N/A	N/A	Matching gifts
				-			
Rocky Mountain MicroFinance							
Institute - P.O. Box 48138 -							
Denver, CO 80204	26-3218152	501(C)(3)	10,000.	0.	N/A	N/A	General operating support
Rocky Mountain Parents as Teachers							
3800 S. Pierce St.	84-1118576	501(C)(3)	15,000.	0	N/A	N/A	General operating support
Denver, CO 80235	84-1110370	501(0)(3)	13,000.		, N/A	17.21	Concret operating support
Rose Community Foundation							
600 S. Cherry Street							Support of various
Denver_ CO 80246	84-0920862	501(C)(3)	1,487,350.	0.	N/A	N/A	programs and initiatives
Safe Shelter of St. Vrain Valley					ļ		
P.O. Box 231		1					Abuse in Later Life
Longmont, CO 80502	84-0781353	501(C)(3)	10,000.	0.	N/A	N/A	Program
Carre Over Vouth							
Save Our Youth 3443 W. 23rd Avenue							Summer Academic Recovery
Denver CO 80211	84-1295393	501(C)(3)	5,000.	n	N/A	N/A	Program (SAR)
Demost' CO 00711	04-1493333	Portcital	3,000.	٠.	M7.22	11/21	FIOGRAM (SAK)

Schedule I (Form 990) Rose Foundati			- 1 11 11 11 11 11 11 11 11 11 11 11 11				4-0418124 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa T	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Second Wind Fund of Metro Denver							
13701 W. Jewell Avenue, Suite 251							
Lakewood CO 80228	26-3899845	501(C)(3)	25,125.	n	N/A	N/A	General operating support
nakewood, co oozzo	20 3033043	501(0/(3/	23,123.				Constant operating Support
Sewall Child Development Center							
1360 Vine St.							Staff education and
Denver, CO 80206	84-0413241	501(C)(3)	20,500.	0.	N/A	N/A	training program
St. Vrain Family Center							
P.O. Box 2174				_			
Longmont, CO 80502	84-1497910	501(C)(3)	10,000.	0.	N/A	N/A	Parent Education Program
Stride							
5400 W. Cedar Avenue	84-1158946	501(C)(3)	20,000.	n	N/A	N/A	General operating support
Lakewood, CO 80226	84-1138946	BUI(C)(3)	20,000.	0.	N/A	W/ A	Seneral Operating Support
Summer Scholars							
3401 Quebec Street							Scholars After-School
Denver, CO 80207-2322	84-1314292	501(C)(3)	7,550.	0.	N/A	N/A	Program
Teens, Inc.							
P.O. Box 1070						,	
Nederland, CO 80466	84-1380016	501(C)(3)	7,000.	0.	N/A	N/A	After School Programs
The Acorn School for Early							Operational start up
Childhood Development - 2580 Iris	1				_		costs with facilities
Ave Boulder, CO 80304	84-1150507	501(C)(3)	50,000.	0.	N/A	N/A	expansion project
The Bell Policy Center		ļ					
1905 Sherman Street							Fiscal policy work and
	84-1550841	501(C)(3)	150 000	n	N/A	1	self-sufficiency work
Denver, CO 80203	04-1330041	DOT(C)(3)	150,000.	0.	N/A	N/A	Bell Bulliciency work
The Bridge Project, University of							
Denver - 2148 South High Street -							
Denver, CO 80208	84-0404231	501(C)(3)	10,000.	0.	N/A	N/A	After school program
,	1						Sehedule I (Form 000)

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	rt II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center for African American							
Health - 3601 Martin Luther King							
Blvd Denver, CO 80205	84-1477546	501(C)(3)	60,000.	0.	N/A	N/A	General operating support
The Denver Foundation							Mile High Connects, TBD
55 Madison Street, 8th Floor							Colorado community
Denver, CO 80206	84-6048381	501(C)(3)	60,250.	0.	N/A	N/A	engagement efforts
The Family Learning Center							
3164 34th St.					İ		Comprehensive
Boulder, CO 80301-2166	74-2240341	501(C)(3)	40,000.	0.	N/A	N/A	literacy-based programs
The Partnership for Families &							
Children - 450 Lincoln Street					•		Colorado Education Policy
Suite 100 - Denver, CO 80203	84-1173226	501(C)(3)	10,000.	0.	N/A	N/A	Fellowship Program
			<u> </u>	: . 			
The Senior Hub							
2360 W. 90th Ave.						1	
Federal Heights, CO 80260-6700	74-2412032	501(C)(3)	80,000.	0.	N/A	N/A	General operating support
Third Sector New England							Tools of the Mind, Early
89 South Street, Suite 700							Childhood Funders'
Boston MA 02111-2670	04-2261109	501(C)(3)	36,000.	0.	N/A	N/A	Collaborative 2012
							Early Childhood Mental
University of Colorado Foundation							Health Assessment,
1800 Grant Street, Suite 725							Outreach Program at the
Denver, CO 80203	84-6049811	501(C)(3)	35,500.	0.	N/A	N/A	Child Learning Center
Warren Village							
1323 Gilpin Street		1					
Denver, CO 80218-2552	84-0644270	501(C)(3)	50,900.	0.	N/A	N/A	General operating support
Washington Street Community Center							
809 S. Washington St.							
Denver, CO 80209	84-0596152	501(C)(3)	5,000.	0.	N/A	N/A	Senior Program Support
· · · · · · · · · · · · · · · · · · ·	L		·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.1.11.1/5

Page 1 Part II. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (g) Description of (h) Purpose of grant (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Name and address of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) Women's Health Subsidized family 2855 Valmont Road N/A planning services Boulder CO 80301-1374 84-0645786 501(C)(3) 25,000 0.N/A YESS Institute 1029 Santa Fe Drive Denver CO 80204 84-1579820 501(C)(3) 7,000 $A \setminus N$ N/A YESS Mentoring Program YouthBiz 3280 Downing Street, Suite C Denver, CO 80205 84-1212586 501(C)(3) 7,000. 0.N/A N/A General operating support Children's Alley and YWCA of Boulder County 2222 14th Street Families in Transition 84-0500276 501(C)(3) 25,000 0.N/A N/A Programs Boulder, CO 80302-4874

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Rose Foundation

Employer identification number

84-0418124

			Yes	No
1 a	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			
	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	III		
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	the total and the destative billions, regulating the items encounced in line 14:			100000
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Form 990 of other organizations LX Approval by the board or compensation committee			
А	During the year did any naven listed in Farm COO Part VIII Continue A line of a vitte consent to the City			
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:	70.00		
	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	\$400.00	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	Page 1		
а	The organization?	5a		X
b	Any related organization?	5b	um and may	Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	19.5		
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		İ

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

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

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

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

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public

Department of the Treasury ➤ Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization Employer identification number Rose Foundation 84-0418124 Form 990, Part VI, Section A, line 2: Sheila Bugdanowitz President & CEO; Anne Garcia, Treasurer, CFO & COO; and Margie Gart, Director of Philanthropic Services, are all officers and employees of Rose Community Foundation, the supported organization of Rose Foundation. Form 990, Part VI, Section A, line 6: The sole member of Rose Foundation is Rose Community Foundation. Rose Community Foundation has the power to elect all members of the governing board of Rose Foundation. Furthermore Rose Community Foundation must approve many of the significant decisions of Rose Foundation and, upon dissolution of Rose Foundation, all remaining assets are transferred to Rose Community Foundation. Form 990, Part VI, Section A, line 7a: Rose Community Foundation elects or re-elects, all trustees of Rose Foundation at an annual meeting. Form 990, Part VI, Section A, line 7b: Any of the following actions taken by the board of trustees of Rose Foundation require prior approval of Rose Community Foundation: election or removal of trustees; election or removal of the corporation's president and CEO; amendment of the articles of incorporation; amendment of the bylaws; approval of capital and operating budgets; borrowing money or making any material financial commitment not contemplated by the annual capital or operating budget; disposition of all or substantially all, of the assets of the corporation or any merger of the corporation into or with another corporation; organization or creation of a subsidiary profit or nonprofit corporation and any amendments to its

articles of incorporation or bylaws; and policies or commitments designed

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Rose Foundation	Employer identification number 84-0418124
to coordinate the activities of the corporation with other entities.	
Form 990, Part VI, Section B, line 11: The Form 990, including all	
required schedules, is provided to the Board of Trustees (all of which are	
voting members) prior to being filed with the IRS. The Foundation asks the	
members to submit any questions or comments regarding the Form 990 by the	
date that we plan on filing the return.	
The Foundation's Form 990 is prepared by an independent CPA firm and the	
Foundation conducts a thorough review of the return prior to being filed	
with the IRS. The CFO and staff perform a detail review of all amounts and	
disclosures in the return and then present an overview of the return to the	
President & CEO and the Audit Committee. The return will be amended if any	
changes are deemed necessary as a result of this process.	
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Form 990, Part VI, Section B, Line 12c: A detailed, written description of	
each conflict of interest and the procedures followed to clear the conflict	
are provided semi-annually to the Audit Committee for review. On an annual	
basis, the Audit Committee makes a report to the Board of Trustees with	
respect to all then current and material actual or potential conflicts of	
interest known to them and of any actions that have been taken or that they	
recommend be taken to ensure compliance with this policy.	
Form 990, Part VI, Section B, Line 15a: On an annual basis, the Chief	
Financial & Operating Officer and Audit Committee meet to discuss the	
compensation and performance of the Foundation's President & CEO. During	
this meeting, the Chair of the Board of Trustees presents his/her	
assessment of the President & CEO's performance as compared to the goals 232212 01-04-13	
01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Rose Foundation	Employer identification number 84-0418124
and objectives that were established at the beginning of the year. Based	
on the conclusions of this assessment, along with comparative salary info	
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, Form 990, and financial statements are available upon	
request as well as posted on the Foundation's website at www.rcfdenver.org.	
Form 990, Part VII, Section A:	
Sheila Bugdanowtiz, Anne Garcia and Margie Gart spend an average of 16	
hours per week working with the related organization.	
Form 990, Part XII, Line 2c:	
Rose Foundation's accounts are included in the consolidated financial	
statements of Rose Community Foundation. As such, the Foundation's	
Audit Committee assumes the responsibility for the oversight of the	
audit of its financial statements and the selection of an independent	
accountant. This process has not changed from prior years.	
Form 990, Part I, Line 5:	
The organization is a supporting charitable organization of Rose	
Community Foundation. The organization did not have any paid officers,	
management, or staff in 2012, as all services were provided by Rose	
Community Foundation. Salaries listed throughout the return represent	

Schedule O (Form 990 of 990-E2) (2012)	Page 2
Name of the organization Rose Foundation	Employer identification number 84-0418124
the portion of salaries allocated to the organization for services	
performed for Rose Foundation. The board and/or compensation committee	
of Rose Community Foundation establish the compensation of Rose	
Community Foundation's CEO.	
Form 990, Part I, Line 6:	
The Foundation's activities are guided by a large number of volunteer	
community leaders who serve as trustees and committee members. The	
trustees provide stewardship for the Foundation's resources and set	
policy to ensure consistency with the Foundation's mission. Every	
trustee also serves on one or more committees, where they are joined by	
other issue experts and community leaders whose responsibilities	
include decisions on funding requests, fiscal oversight and donor	
outreach,	
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SCHEDULE R (Form 990) Department of the Treasury

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

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Name of the organization Rose Foundation							nployer identif 84-0418124	ication n	umber
Part I Identification of Disregarded Entities (Complete Complete C	lete if the organization answered "Yes'	to Form 990, Part IV, line 3	3.)						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inco	ome En	(e) d-of-year a	ssets		(f) controlling	g
Rose Foundation Holdings, LLC - 84-0418124 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Real Estate	Colorado	71	,669.	1,992,	,531.	Ñ/A		
Rose Foundation TOD, LLC - 27-1358730 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Lending funds to facilitate the acquisition of transit oriented properties	Colorado	5	,306.	514,	013.	N/A		
Identification of Related Tax-Exempt Organic	Thinns (Complete if the exact intime	namered "Vee" to Fee CCC	Dept IV line 24 b	acques # h	and one or	more	related tay eve	mpt	
organizations during the tax year.) (a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity		(f) Direct controlling		(g) Section 512(b)(controlled	
of related organization		foreign country)	section	status (if 501(c			entity	Yes	tity?
Rose Biomedical Research - 84-0851957 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Supports medical research	Colorado	501(c)(3)	Line 11a		 'A		ies	X
Rose Community Foundation - 84-0920862 600 S. Cherry Street, Suite 1200 Denver, CO 80246	Grantmaking	Colorado	501(c)(3)	Line 7	N/				x
						_ -			
						,			

Daring	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.)
Falcilla	organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	ate allo	portion- cations?	amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
		:									
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					 i.						
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(conti ent	b)(13) rolled tity?
		country)						Yes	No
Rose Biomedical Development Corporation -	Medical technology		Rose						
84-1341936, 600 S. Cherry Street, Suite	research &		Biomedical						
1200, Denver, CO 80246	development	co	Research	C CORP	0.	0.	.00%		x
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Page 3 Part W Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV. line 34, 35b, or 36.) Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. Yes 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? a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity b Gift. grant. or capital contribution to related organization(s) 1b c Gift. grant. or capital contribution from related organization(s) 10 d Loans or loan guarantees to or for related organization(s) ht. x e Loans or loan guarantees by related organization(s) 16 х f Dividends from related organization(s) 1f x Sale of assets to related organization(s) 1a x h Purchase of assets from related organization(s) 1h Exchange of assets with related organization(s) 1i Lease of facilities, equipment, or other assets to related organization(s) 1i k Lease of facilities, equipment, or other assets from related organization(s) 1k х Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Sharing of paid employees with related organization(s) 10 Х p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1r r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Name of other organization Method of determining amount involved Transaction Amount involved type (a-s) (3)

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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)	(e)	(f)	(g)	(h	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec 501 (c)(3) orgs.?	Share of total income	Share of end-of-year assets	Dispro tion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne Yes N	or Percentag ownership
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