** PUBLIC DISCLOSURE COPY	**	PUBLIC	DISCLOSURE	COPY	*
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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2016

		end the Treasury Penue Service Do not enter social security numbers on this form Information about Form 990 and its instructions	-	-	Open to Public Inspection				
		information about our sob and its instructions	ending	s.govnonnisso.	mapection				
в	Check applica	f C Name of organization		D Employer identifi	cation number				
	Add								
	Nam	e		84-092	0862				
			Room/suite						
	Fina Fina retur	n/ 600 South Cherry Street	1200		8-7400				
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,966,651.				
	Iretu			H(a) Is this a group re					
	App tion pend	F Name and address of principal officer: Affile Galcia			? Yes X No				
1 7	Fay.o	cempt status: 🗶 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates in					
		ite: www.rcfdenver.org			list. (see instructions)				
		forganization: X Corporation Trust Association Other	I Vear	H(c) Group exemption	State of legal domicile: CO				
	art I				State of legal dofinicile. CO				
110100	1	Briefly describe the organization's mission or most significant activities: To enh	ance the	guality of life	14 14				
Governance		of the Greater Denver community using its leadership and res							
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets				
ove	3			3	16				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16				
es 6	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	42				
Activities &	6	100							
\cti	7 a	Total number of volunteers (estimate if necessary)		7a	0.				
~		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		25,144,078.	10,847,731.				
enu	9	Program service revenue (Part VIII, line 2g)		345,858.	386,097.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		487,561.	253,628.				
u.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		166,105.	172,493.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,143,602.	11,659,949.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,799,932.	12,085,833.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,461,532.	1,693,704.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	967.	(1993) 建筑和中国					
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,244,433.	3,424,203.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,505,897.	17,203,740.				
50	19	Revenue less expenses. Subtract line 18 from line 12		9,637,705.	-5,543,791.				
ts of			Beg	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		90,022,388. 50,510,533.	87,843,333.				
et A ind	21	Total liabilities (Part X, line 26)	49,325,924.						
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		39,511,855.	38,517,409.				
101.000 x0101	ingen and and a second second				1				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.									
	COLLE		non preparer		7				
Cia-		Signature of officer		// /// Date	1				
Sign				Duto					

Sign	Signature of officer		Date
Here	Anne Garcia, CFO AND COO Type or print name and title	A OP 1	
	Print/Type preparer's name	Prinare 's signature	Date Check PTIN
Paid	Dori J. Eggett	X IN XCXIA	11/14/2017 if self-employed P00645252
Preparer	Firm's name 🕨 EKS&H LLLP	0005-	Firm's EIN 🕨 46-1497033
Use Only	Firm's address 🕨 8181 E. Tufts Avenue,	Suite 600	
	Denver, CO 80237-2579		Phone no.303-740-9400
May the IF	RS discuss this return with the preparer shown	above? (see instructions)	X Yes No
632001 11-1	1-16 LHA For Paperwork Reduction Act N	lotice, see the separate instructions.	Form 990 (2016)

	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	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 measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	386,0
	DONOR DEVELOPMENT: Donors and aligned funders contributed \$6,797,000 to	
	the Foundation, six new advised funds were established and 12 new	
	planned gifts were made.	
	FUND DISTRIBUTIONS: Donor's recommended grants totaled \$2,734,000 to a	
	broad range of community interests.	
	ENDOWMENT SERVICES: The Foundation received \$2,696,000 in contributions for new and existing permanent endowment and designated funds for local	
	nonprofit organizations. The Foundation paid out \$5,532,000 to local	
	nonprofit organizations who have established permanent endowments and	
	designated funds at the Foundation.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Cther program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
)
4e	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (

Form 990 (2016)

Rose Community Foundation

	rt IV Checklist of Required Schedules			aye 🗸
1 0			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	x	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	Tie	А	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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 25a			X
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28 a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
_	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1		X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35 a	X	
b	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		X	<u> </u>
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		X	
		Form	990	(2016)

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84-0920862

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 109			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country:			
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	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 contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b				
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ora "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			[
Sect	Check if Schedule O contains a response or note to any line in this Part VI			
			Yes	Γ
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		L
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors, or trustees, or key employees to a management company or other person?			Ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Ļ
	Did the organization become aware during the year of a significant diversion of the organization's assets?			Ļ
	Did the organization have members or stockholders?	6		Ļ
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		L
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			т
_			Yes	ł
	Did the organization have local chapters, branches, or affiliates?	10a		╀
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			l
	and branches to ensure their operations are consistent with the organization's exempt purposes?			╞
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11a	X	Ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			l
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	┞
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	┞
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			l
	in Schedule O how this was done	12c		┞
	Did the organization have a written whistleblower policy?		X	╀
	Did the organization have a written document retention and destruction policy?	14	X	╞
	Did the process for determining compensation of the following persons include a review and approval by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
	The organization's CEO, Executive Director, or top management official		X	┞
	Other officers or key employees of the organization	15b		┞
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			I
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I
	taxable entity during the year?	<u>16a</u>		┞
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I
	exempt status with respect to such arrangements?	16 b	I	L
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed None	hi) and 1-1		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	iy) availat	ne	
	for public inspection. Indicate how you made these available. Check all that apply.			
•	X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)	and f	-1-1	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	ICIAI	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			_
	Anne Garcia - 303-398-7400			
	600 S Cherry Street #1200, Denver, CO 80246			_
		Γ - ··	000	10
	11-11-16 6	Form	1 990	(;

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

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

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

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

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

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

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

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

Name and Title Average hours per version (ist any contractions and electronization officer and adjects/trates) Reportable from electronic adjects/trates) Reportable compensation from related organization Estimated adjects/trates (1) Jeers officer and adjects/trates) interview adjects/trates (W2/1099-MISC) interview adjects/trates) (W2/1099-MISC) interview adjects/trates) (1) Jeers officer and adjects/trates) interview adjects/trates (W2/1099-MISC) (W2/1099-MISC) interview adjects/trates) (1) Jeers officer adjects/trates) interview adjects/trates 0 0 0 (1) Jeers officer adjects/trates) interview adjects/trates 0 0 0 0 (1) Jeers officer adjects/trates 1.000 X X 0 0 0 0 (2) Reportable 1.000 X X 0	(A)	(B)			((C)			(D)	(E)	(F)
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	President & CEO	24.00			Х				94,179.	224,101.	25,469. Form 990 (2016)

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2016.05000 Rose Community Foundation

Form **990** (2016)

7

										Pa	age 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)												(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable		Es	timate	ed				
		hours per box, u			rson i	is botl or/trus	h an	compensation	compensation	n		nount	of
	week (list any				10010	17 11 13		from	from related			other	
	hours for	lirecto						the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-0003	0)		anizat	
	organizations	truste	al tru:		yee	imper		(•	d relat	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler				orga	anizati	ons
	line)	Indiv	Insti	Officer	Key e	High emp	Former						
(18) Anne Garcia	16.00												
Treasurer, CFO & COO	24.00			X				49,575.	117,9	965.		19,	551.
(19) Elsa Holguin	1.00												
Program Officer	39.00					х		0.	150,9	913.		17,	772.
(20) Lisa Farber Miller	1.00												
Program Officer	39.00					х		0.	141,0	J62.		18,	082.
(21) Mark Hockenberg	39.00							100.150				4 -	
Controller	1.00					х		120,159.		0.		15,	040.
(22) Therese Ellery	1.00					x			100	- 2 2		1 5	506
Program Officer (23) Carlos Martinez	39.00					X		0.	108,5	532.		15,	596.
Exec Dir Latino Cmty Fdn of CO	1.00					x		105,094.		Ο.		11	882.
	1.00					А		105,054.		۰.		14,	002.
1b Sub-total								369,007.	742,5	573.		126,	392.
c Total from continuation sheets to Part VI								0.		٥.			٥.
d Total (add lines 1b and 1c)								369,007.	742,5	573.		126,	392.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable	е			
compensation from the organization 🕨													2
												Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	-				-		elat	ted organization or indiv	idual for services		_		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch į	oers	son .					5		X
· · ·	manager and in			ont o	ontr	acto		that received more than	¢100.000 of com		ation f	rom	
 Complete this table for your five highest co the organization. Report compensation for 	•	•								pens	alion	TOTT	
(A)	ine calendar y	car	enui	ing w				(B)			(0	3)	
Name and business	address							Description of s	ervices	С		n satio	n
Colorado Technology													
1245 Champa Street, Denver , CO 80204	1							Program Management				245,	201.
Impact Finance Group, 290 South Humbolt													
St, Suite 9, Denver, CO 80209 Program Management											199,	988.	
Quickfox Strategies													
4450 Meade Street, Denver , CO 80211								Program Management				138,	700.
Reilly Pharo Carter													
3459 Garfield Street , Denver , CO 80	205							Program Management				110,	475.
2 Total number of independent contractors (i	e e	ot li	mite	d to			stec	d above) who received n	nore than				
\$100,000 of compensation from the organiz	zation 🕨					4						000 /	

Form **990** (2016)

Out revenue Total revenue <tht revenue<="" th=""> Total revenue<!--</th--><th>Form</th><th>n 990 (</th><th>(2016) Rose Co</th><th>mmunity Foun</th><th>dation</th><th></th><th></th><th>84-0920862</th><th>Page 9</th></tht>	Form	n 990 ((2016) Rose Co	mmunity Foun	dation			84-0920862	Page 9
Image: state in the set of the s	Pa	rt VII	II Statement of Rever	nue					
Total revenue Total revenue Related or comparison of the second transmits of mediate of communic second transmits of communic second transmits of mediate of communis second treverements of transmits of mediate of communic second			Check if Schedule O cont	ains a response	or note to any lin				
gas Administrative Pees Business Code 561000 386,097. 386,097. b -						• • •	Related or exempt function	Unrelated business	Revenuè excluded from tax under
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	nts nts	1 a	Federated campaigns	1a					
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	Grai	b	Membership dues	1b					
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	Am (с	Fundraising events	1c					
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	Gift	d	Related organizations	1d	862,346.				
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	ini,	е	Government grants (contribut	ions) 1e					
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	rior S	f	All other contributions, gifts, gran	ts, and					
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	ibu		similar amounts not included abo	ve 1f	9,985,385.				
gas Administrative Pees Business Code 561000 386,097. 386,097. b -	d Or	g	Noncash contributions included in lines	1a-1f: \$					
good beginsterm 2 a Administrative Pees 561000 386,097. 386,097. b	an Co	h	Total. Add lines 1a-1f		►	10,847,731.			
Degregation b					Business Code				
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g Total. Add lines 2a:21 386,097. 3 investment income (including dividends, interest, and other similar amounts) 410,740. 4 income from investment of tax exempt bond proceeds 2,868. 5 Royaties 2,868. 6 a Cross rents 0. 6 a Cross rents 0. 7 Gross rents income or (loss) 0. 7 Gross amout from sales of assets other than inventory 0. 9 Less: cost or other basis and sales expenses 157,112. c Gain or (loss) -157,112. d Nt gain or (loss) -157,112. a Cross income from fundraising events (not including \$	P	f	All other program service reve	enue					
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9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b 10 a Gross sales of inventory, less returns and allowances a 275,483. 149,590. c Net income or (loss) from sales of inventory b 125,893. 125,893. Miscellaneous Revenue Business Code 900099 43,732. 43,732. 43,732. 43,732. 43,732. 12 Total revenue. See instructions. 43,732.	ō								
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 275,483. b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code Miscellaneous Revenue 900099 43,732. 43,732 d All other revenue e Total revenue. See instructions. 11 a National lines 11a-11d									
b Less: direct expenses b		- u							
c Net income or (loss) from gaming activities		h							
10 a Gross sales of inventory, less returns and allowances a 275,483. a b Less: cost of goods sold b 149,590. 125,893. 125,893. c Net income or (loss) from sales of inventory > 125,893. 125,893. Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 43,732. 43,732. b									
and allowances a 275,483. b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 125,893. Miscellaneous Revenue 900099 43,732. b									
b Less: cost of goods sold b 149,590. c Net income or (loss) from sales of inventory > 125,893. 125,893. Miscellaneous Revenue Business Code		.0 a			275 483				
c Net income or (loss) from sales of inventory ▶ 125,893. 125,893. Miscellaneous Revenue Business Code > > 11 a Miscellaneous Revenue 900099 43,732. 43,732 b		h							
Miscellaneous Revenue Business Code 11 a Miscellaneous Revenue 900099 43,732. 43,732 b						125 893			125 893
11 a Miscellaneous Revenue 900099 43,732. 43,732. b		U				,0,0,			,055
b		11 2		~		43 732			43 732
c						,,.2.			
d All other revenue					<u> </u>				<u> </u>
e Total. Add lines 11a-11d ▶ 43,732. 12 Total revenue. See instructions. ▶ 11,659,949. 386,097. 0. 426,121					<u>├</u> ───┤				
12 Total revenue. See instructions. 11,659,949. 386,097. 0. 426,121						13 733			
					r			0	426 121
	60000				····· 🔽	,000,0-9.		0.	Form 990 (2016

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a response		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	12,085,833.	12,085,833.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,076.	11,953.	64,700.	80,42
6	Compensation not included above, to disgualified				· · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,298,345.	837,869.	204,924.	255,55
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	50,560.	21,264.	13,061.	16,23
9	Other employee benefits	111,629.	54,946.	25,271.	31,41
0	Payroll taxes	76,094.	37,757.	17,092.	21,24
1	Fees for services (non-employees):	,	,	,	· · ·
	Management				
	Legal	6,743.		6,743.	
	Accounting	44,243.		44,243.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	42,503.		42,503.	
	Other. (If line 11g amount exceeds 10% of line 25,	,			
Э	column (A) amount, list line 11g expenses on Sch O.)	1,477,372.	1,443,117.	15,272.	18,98
2	Advertising and promotion	_,,	_,,		
3	Office expenses	555,122.	2,077.	533,635.	19,41
			2,077.		
4	Information technology				
5	Royalties	110,884.	36,520.	35,575.	38,78
6 7		110,004.	50,520.		50,70
7	Travel				
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials	34,652.	2,637.	14,273.	17,74
9	Conferences, conventions, and meetings	54,052.	2,037.	11,2/3.	17,74
20	Interest				
21	Payments to affiliates	12,070.		12 070	
2	Depreciation, depletion, and amortization	12,070.		12,070.	
3 4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Other Pgm. Initiatives	545,963.	545,963.		
a b	Communications	418,548.	329,745.	58,627.	30,17
~	Administrative Fees	176,103.	525,125.	176,103.	50,17
c c		1,0,103.		1,0,103.	
d	All other expenses				
_	All other expenses	17,203,740.	15 100 601	1,264,092.	529,96
5 6	Total functional expenses. Add lines 1 through 24e	±1,203,140.	15,409,681.	±,20±,052.	525,90
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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

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Rose Community Foundation

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	Check if Schedule O contains a response or note to	any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		7,841,030.	1	11,542,435
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		4,577,914.	3	3,422,599
4	Accounts receivable, net		238,835.	4	231,867
5	Loans and other receivables from current and former				
	trustees, key employees, and highest compensated	employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified	persons (as defined under			
	section 4958(f)(1)), persons described in section 495	8(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 5	01(c)(9) voluntary			
ß	employees' beneficiary organizations (see instr). Con		6		
Assets	Notes and loans receivable, net			7	
¥ 8	Inventories for sale or use		23,540.	8	26,536
9	Prepaid expenses and deferred charges		91,267.	9	122,746
	Land, buildings, and equipment: cost or other		· ·		
	basis. Complete Part VI of Schedule D 10a	518,172.			
h	Less: accumulated depreciation 10		101,216.	10c	74,042
11	Investments - publicly traded securities		,	11	,
12	Investments - other securities. See Part IV, line 11	Γ	75,858,988.	12	71,084,969
13	Investments - program-related. See Part IV, line 11	F	, , , -	13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	1,289,598.	15	1,338,139	
16	Total assets. Add lines 1 through 15 (must equal line		90,022,388.	16	87,843,333
17	Accounts payable and accrued expenses		246,762.	17	434,386
18	Grants payable and accided expenses		2,018,400.	18	2,223,085
19	Deferred revenue		_,,	19	_,,
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part			21	
	Loans and other payables to current and former offic				
	key employees, highest compensated employees, ar				
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated			22	
23	Unsecured notes and loans payable to unrelated thir			23	
24	Other liabilities (including federal income tax, payable			24	
25	parties, and other liabilities not included on lines 17-2				
			48,245,371.	25	46,668,453
26	Schedule D Total liabilities. Add lines 17 through 25	E CONTRACTOR OF CO	50,510,533.	25 26	49,325,924
20	Organizations that follow SFAS 117 (ASC 958), ch		50,510,555.	20	45,525,524
10	complete lines 27 through 29, and lines 33 and 34				
27	Unrestricted net assets		33,307,741.	27	32,034,033
	Temporarily restricted net assets		5,913,894.	28	6,193,156
			290,220.	20	290,220
			250,220.	29	250,220
Net Assets of Fund Balances 6 2 8 2 7 2 8 2 8 2 8 2 9	Organizations that do not follow SFAS 117 (ASC 9				
8 20	and complete lines 30 through 34.			20	
	Capital stock or trust principal, or current funds			30 31	
	Paid-in or capital surplus, or land, building, or equipn	F			
	Retained earnings, endowment, accumulated incom	F	20 511 055	32	30 517 400
- 33	Total net assets or fund balances		39,511,855.	33	38,517,409
34	Total liabilities and net assets/fund balances		90,022,388.	34	87 , 843 , 333 Form 990 (2016

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Form	990 (2016) Rose Community Foundation	84-0920862		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	,659	,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,203	,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 5	,543	,791.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39	,511	,855.
5	Net unrealized gains (losses) on investments	5	1	,812	,880.
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	2	,736	,465.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	38	,517	,409.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2016)

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SCHEDULE A

(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.

2016	
Open to Public	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms 					Open to Public Inspection		
		the organizati		ion about Schedule A	(Form 990 or 990-EZ) and	ts instructions is at w	ww.iis.gov/io		identification number
INAII		line organizati		ommunity Founda	tion				4-0920862
Pa	rt I	Reason			All organizations must co	mploto this part) Sc	o instruction		1-0920862
								5.	
	organ		•		(For lines 1 through 12, c	, ,			
1	\square				on of churches described		I)(A)(I).		
2	\square				Attach Schedule E (Form				
3	\square	-	•		anization described in se		-		
4			-	ation operated in co	njunction with a hospital	described in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
_		city, and stat	-						
5		-	-		ollege or university owned	f or operated by a go	overnmental u	unit descrit	bed in
_				Complete Part II.)					
6					mental unit described in s				
7	X	-		•	antial part of its support f	rom a governmental	unit or from t	he general	public described in
				omplete Part II.)					
8					(1)(A)(vi). (Complete Parl				
9					in section 170(b)(1)(A)(
		-	or a non-land-o	grant college of agric	culture (see instructions).	Enter the name, city	/, and state o	f the colleg	e or
		university:							
10					e than 33 1/3% of its sup				
					ct to certain exceptions,				
					e (less section 511 tax) fro	om businesses acqu	iired by the or	ganization	after June 30, 1975.
				mplete Part III.)					
11	\square	-	-	-	ively to test for public sa	-			_
12		-	-		ively for the benefit of, to			-	
					ed in section 509(a)(1) o				check the box in
			-		of supporting organizatio	-		-	
а				-	supervised, or controlled				
			-		egularly appoint or elect a	i majority of the direc	ctors or truste	ees of the s	upporting
		7 -		complete Part IV, Se					
b				-	d or controlled in connec		-		-
			-		anization vested in the s	ame persons that co	ontrol or mana	age the sup	ported
		7 -		t complete Part IV,					
С			-		g organization operated			lly integrate	ed with,
		7			s). You must complete F				· · · / ›
d					oorting organization oper			-	
			-		zation generally must sat	•	-	d an attent	iveness
		- ·			nplete Part IV, Sections	-			
е			•		written determination fro		a Type I, Type	II, Type III	
	- .				onally integrated supporti	ng organization.			
		er the number	• •	•					
g		vide the follow i) Name of supp		n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the organization listed	(v) Amount of	monetary	(vi) Amount of other
	(organizatior			(described on lines 1-10	in your governing document?		-	support (see instructions)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing document? Yes No		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		above (see instructions))	162	NO	· · · · · · · · · · · · · · · · · · ·	, , , ,
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for F -EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 90 or 13

Schedule A (Form 990 or 990 EZ) 2016 Rose Community Foundation

Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,786,559.	10,827,972.	20,707,866.	25,144,078.	10,847,731.	78,314,206.
2	Tax revenues levied for the organ-						
	ization'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	10,786,559.	10,827,972.	20,707,866.	25,144,078.	10,847,731.	78,314,206.
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)						17,023,393.
6	Public support. Subtract line 5 from line 4.						61,290,813.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	10,786,559.	10,827,972.	20,707,866.	25,144,078.	10,847,731.	78,314,206.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	381,108.	329,038.	440,340.	406,444.	413,608.	1,970,538.
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 VI.)	642,983.	615,390.	984,550.	249,284.	12,513.	2,504,720.
11	Total support. Add lines 7 through 10						82,789,464.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	1,783,285.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	74.03 %
	Public support percentage from 2015					15	73.91 %
16 a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	$\operatorname{{\boldsymbol{stop}}}$ here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶∟
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 Rose Community Foundation

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	l s first second thi	I rd fourth or fifth t	tax vear as a section	$\frac{1}{501(c)(3)}$	zation
• •	check this box and stop here	•			-		
Sec	ction C. Computation of Publ					<u></u>	
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	<u> </u>
-	ction D. Computation of Inves	-					/0
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the						
130	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization						
	23 09-21-16		,	,			0 or 990-EZ) 2016
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8

Schedule A (Form 990 or 990-EZ) 2016

9a

9b

9c

10a

10b

84-0920862

Page **4**

No

Yes

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5040 - 001

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. *Complete line 3 below.* b 🔟 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С 2 Activities Test. Answer (a) and (b) below. No Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b Schedule A (Form 990 or 990-EZ) 2016 632025 09-21-16 17

2016.05000 Rose Community Foundation

Schedule A (Form 990 or 990-EZ) 2016 Rose Community Foundation 84-0920862 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
300			FIE-2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 Rose Community Foundation

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule A, Part II, Line 10, Explanation for Other Income:

632028 09-21-16	20	Schedule A (Form S	990 or 990-EZ) 2016
2016 Amount: \$ 43,732.			
2015 Amount: \$ 26,746.			
2014 Amount: \$ 45,620.			
2013 Amount: \$ 3,750.			
2012 Amount: \$ 0.			
Miscellaneous Revenue			
2016 Amount: \$ 125,893.			
2015 Amount: \$ 138,519.			
2014 Amount: \$ 139,140.			
2013 Amount: \$ 98,030.			
2012 Amount: \$ 126,538.			
Sale of Inventory			
2016 Amount: \$ -157,112.			
2015 Amount: \$ 84,019.			
2014 Amount: \$ 799,790.			
2013 Amount: \$ 513,610.			
2012 Amount: \$ 516,445.			
Sale of Securities			

2016.05000 Rose Community Foundation 5040-001

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

84-0920862

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Rose Community Foundation		
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$______

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990,	990-EZ, d	or 990-PF)	(2016)
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Rose Community Foundation

Name of organization

Employer id ntification num

84-0920862

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$801,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$661,032.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$600,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$450,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$862,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	3-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2016)
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Rose Community Foundation

Name of organization

Employer id entification numb

84-0920862

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$249,588.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990,	990-EZ,	or 990-PF)	(2016)
Name of organization			

Employer identification number

84-0920862

Rose Community Foundation

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (See instructions). Use duplicate copies of Pa		i
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)		(c)	(-0)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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rt III	the year from any one contributor. Complete	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo wing line entry. For organizations				
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)				
No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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Ľ							
		(e) Transfer of gif	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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	(e) Transfer of gift						
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transferor to transferee				
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No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
artl							
-							
		(e) Transfer of gif	τ				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

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

Indi	ne of organization					Empic	byer identification number
			nity Foundation				84-0920862
Pa	art I-A Complet	e if the org	ganization is exempt unde	r section 501(c)	or is a section 5	527 or	ganization.
1 2 3	Political campaign ac	tivity expendit	zation's direct and indirect political tures ign activities				
	art I-B Complet	e if the org	ganization is exempt unde	r section 501(c)((3).		
1	Enter the amount of a	iny excise tax	incurred by the organization unde	r section 4955		.►\$	
2	Enter the amount of a	iny excise tax	incurred by organization manager	s under section 4955		.►\$	
3	If the organization inc	urred a sectio	on 4955 tax, did it file Form 4720 fo	or this year?			Yes 🛄 No
							Yes No
	If "Yes," describe in F	Part IV.					
Pá	art I-C Complet	e if the org	ganization is exempt unde	r section 501(c),	except section		
1	Enter the amount dire	ectly expended	d by the filing organization for sect	ion 527 exempt funct	tion activities	. ▶ \$	
2	Enter the amount of t	he filing orgar	nization's funds contributed to othe	er organizations for se	ection 527		
	exempt function activ	rities				.►\$	
3	Total exempt function	n expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,			
4			1120-POL for this year?				
5	Enter the names, add	resses and er	mployer identification number (EIN) of all section 527 po	litical organizations to	o whicl	n the filing organization
		-	ation listed, enter the amount paid				-
		•	omptly and directly delivered to a	· · · ·	,	separat	e segregated fund or a
	political action comm	ittee (PAC). If	additional space is needed, provid	le information in Part	IV.		-
	(a) Name		(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 Rose Con	mmunity Foundation	84-092	i ugo L
	on is exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).			
A Check 🕨 🛄 if the filing organization belor	ngs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exce	ss lobbying expenditures).		
B Check ▶ if the filing organization chec	ked box A and "limited control" provisions apply.		
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pul	olic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a le	egislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a ar	nd 1b)		
		18,499,871.	
	es 1c and 1d)	18,499,871.	
f Lobbying nontaxable amount. Enter the amo	ount from the following table in both columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	enter -0-	0.	
	er line 1h or line 1i, did the organization file Form 4720		Yes No

reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expend	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	566,698.	957,375.	977,294.	986,697.	3,488,064.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,232,096.
c Total lobbying expenditures					
d Grassroots nontaxable amount	141,675.	239,344.	244,324.	246,674.	872,017.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,308,026.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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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)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	())
of the	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
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 campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		2 b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?				
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Den about Schedule D (Form 990) and its instructions is at www.irs.c



		m 990) and its instructions is at www.irs.g	
Nam	e of the organization Rose Community Foundation		Employer identification number 84-0920862
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	84	
2	Aggregate value of contributions to (during year)	2,898,377.	
3	Aggregate value of grants from (during year)	2,734,373.	
4	Aggregate value at end of year	31,084,743.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation)	ically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the c	organization during the tax
4	year	amont in located	
4 5	Number of states where property subject to conservation ear Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ		handling of violations, and emotening conse	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170/b)(/)/B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_			• •
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	SIUT FORM 990.	Schedule D (Form 990) 2016
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Sche	dule D (Form 990) 2016 Rose Commun	ity Foundation						84-09208	862	P	age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Histori	cal Tr	easures, o	or Oth	er Sim	ilar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ls, check an	y of the	following tha	it are a s	significan	t use of its	collectio	on item	IS
а	Public exhibition	d		n or exc	hange progra	ams					
b	Scholarly research				nange progra						
c	Preservation for future generations	e									
4	Provide a description of the organization's co	ollections and explai	n how they f	iurther t	he organizati	on's exe	emot our	hose in Par	+ XIII		
5	During the year, did the organization solicit o								c XIII.		
•	to be sold to raise funds rather than to be ma		,		,				Yes		No
Pa	t IV Escrow and Custodial Arran									r	
	reported an amount on Form 990, Par		5					, ,	,		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for con	tributior	ns or other as	sets no	t include	d			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amour	ıt	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance								_		-
2a	Did the organization include an amount on Fe							L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									<u> </u>	
Pa	t V Endowment Funds. Complete i	f the organization ar	swered "Ye	s" on Fo	1						
		(a) Current year	(b) Prior		(c) Two year		(d) Three	-	(e) Fou	-	
	Beginning of year balance	465,384.	47	6,043.	482	2,515.		457,105.		431	,045.
b	Contributions										
	Net investment earnings, gains, and losses	51,728.	-1	0,659.		8,051.		47,665.			,951.
	Grants or scholarships	3,000.			24	4,523.		22,255.		6	,891.
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	- 11110			1.			100 515			4.0.5
g	End of year balance	514,112.		5,384.	•	6,043.		482,515.		457	,105.
2	Provide the estimated percentage of the curr	rent year end baland		olumn (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment 56.00	%									
С	Temporarily restricted endowment	44.00 %									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that ar	e neid a	ind administe	ered for t	the organ	lization		V.	
	by:								2-(1)	Yes	No X
	(i) unrelated organizations								3a(i)		X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	rod on Scho	 dulo P2					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the										
_	t VI Land, Buildings, and Equipm			13.							
	Complete if the organization answere). Part IV. lin	e 11a. S	See Form 990). Part X	line 10				
	Description of property	(a) Cost or o			or other			ted	(d) Boc	ok valu	
		basis (investr			(other)	• •	preciatio		,, 500		-
1a	Land				. ,						
	Buildings										
	Leasehold improvements				38,942.		32	,992.		5	,950.
	Equipment				12,032.			·			,032.
	Other				, 467,198.		411	,138.			, ,060.
	Add lines 1a through 1e. (Column (d) must e		X, column (l	3), line 1							, 042.
		,						Schedule	D (Fori		

Part VII	Investments -	Other	Securities.
----------	---------------	-------	-------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
 (1) Financial derivatives (2) Closely-held equity interests 		
(3) Other (A) Investments Held by Rose Foundation	71,084,969.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	71 084 969.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Charitable remainder annuity trust	6,856.
(3)	Agency and other funds held on behalf of others	45,761,597.
(4)	Agency Grants Payable	900,000.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	46,668,453.

2. Liability for uncertain tax positions. 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 🔯

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1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e 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.)		
c Add lines 4a and 4b	-	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Part XII Reconciliation of Expenses per Audited Financial S		
		enses per neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, I		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
		4-
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b;	
	18.) 4; Part IV, lines 1b and 2b;	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	18.) 4; Part IV, lines 1b and 2b;	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4:	18.) 4; Part IV, lines 1b and 2b; any additional information.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a mart V, line 4: the Foundation holds endowment and other funds on behalf of o	18.) 4; Part IV, lines 1b and 2b; any additional information.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: the Foundation holds endowment and other funds on behalf of con- listributions from these funds provide operating support for	18.) 4; Part IV, lines 1b and 2b; any additional information. others.	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; any additional information. others. the chese funds	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: her Foundation holds endowment and other funds on behalf of constributions from these funds provide operating support for activities of the endowed nonprofit organizations. As such, the covide long term financial support to supplement the organizations.	18.) 4; Part IV, lines 1b and 2b; any additional information. others. the chese funds	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: he Foundation holds endowment and other funds on behalf of constructions from these funds provide operating support for activities of the endowed nonprofit organizations. As such, the covide long term financial support to supplement the organizations.	18.) 4; Part IV, lines 1b and 2b; any additional information. others. the chese funds	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: the Foundation holds endowment and other funds on behalf of one listributions from these funds provide operating support for etivities of the endowed nonprofit organizations. As such, the	18.) 4; Part IV, lines 1b and 2b; any additional information. others. the chese funds	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: the Foundation holds endowment and other funds on behalf of or distributions from these funds provide operating support for etivities of the endowed nonprofit organizations. As such, the covide long term financial support to supplement the organiza- mual fundraising efforts.	<pre>18.) 4; Part IV, lines 1b and 2b; any additional information. others. the chese funds zations'</pre>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: the Foundation holds endowment and other funds on behalf of or estributions from these funds provide operating support for estivities of the endowed nonprofit organizations. As such, the covide long term financial support to supplement the organization and fundraising efforts.	<pre>18.) 4; Part IV, lines 1b and 2b; any additional information. others. the chese funds zations' cions, applies</pre>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a met V, line 4: the Foundation holds endowment and other funds on behalf of or estributions from these funds provide operating support for estivities of the endowed nonprofit organizations. As such, the rovide long term financial support to supplement the organization mual fundraising efforts. Mart X, Line 2: the Foundation, including its non-profit supporting organization	<pre>18.) 14; Part IV, lines 1b and 2b; any additional information. others. the chese funds zations' cions, applies e combined</pre>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a art V, line 4: the Foundation holds endowment and other funds on behalf of or estributions from these funds provide operating support for estivities of the endowed nonprofit organizations. As such, the covide long term financial support to supplement the organiza- tion of the support to supplement the organization of the endowed non-profit supporting organization mual fundraising efforts.	<pre>18.) 14; Part IV, lines 1b and 2b; any additional information. others. the these funds zations' zations' cions, applies e combined or expected to</pre>	

84-0920862

Page 4

Schedule D (Form 990) 2016

Rose Community Foundation

Part XIII Supplemental Information (continued)

are considered to be uncertain; therefore, no amounts have been recognized

as of December 31, 2016 and 2015. If incurred, interest and penalties

associated with tax positions are recorded in the period assessed as other

operating expense. No interest or penalties have been assessed as of

December 31, 2016 and 2015.

Part X Line 2:

The Foundation and its nonprofit supporting organization have been

determined to be exempt from federal income taxes under Section 501 (c)

(3) of the internal revenue code. The supporting organizations were

established under the provisions of Section 509 (a)(3) of the Internal

Revenue Code. The Foundation is responsible for expenditures of the

supporting organizations for specific charitable purposes.

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO GO Comp	OMB No. 1545 201 Open to Pu Inspectio	6 ublic					
Name of the organization	on		ion about Schedule I			(// // // // 0.gov//o////oo		Employer identification	number
.	Rose Community	y Foundation						84-0920862	
Part I General In	formation on Grants a	nd Assistance							
1 Does the organiz	ation maintain records t	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion	
criteria used to a	ward the grants or assis	stance?						X Yes	No No
2 Describe in Part I	IV the organization's pro								
Part II Grants and	d Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
recipient th	nat received more than \$	\$5,000. Part II car	1	tional space is need	led.	(f) Mathad of	1	1	
	dress of organization rernment	(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 noncash assistance	(h) Purpose of gran or assistance	nt
ALS Association, 1 Chapter - 10855 D Suite 500 - Westm	over Street, inster, CO 80021	84-1337868	501(C)(3)	5,000.	0.			General Operating S	Support
Alumni of the Rab	-								
Knesseth Israel of									
- 169 Parkville A	venue – Brooklyn,				_				
NY 11230		13-5600406	501(C)(3)	5,000.	0.			General Operating S	upport
American Friends 226 Smith Street Woodmere, NY 1159		11-2694906	501(C)(3)	6,200.	0.			General Operating S	Support
American Friends School Kiryat Arb Street - Brooklyn	a - 1342 East 4th	13-4015013	501(C)(3)	7,200.	0.			General Operating S	Support
American Jewish W 45 West 36th Stre New York, NY 1001	et, 10th Floor	22-2584370	501(C)(3)	24,500.	0.			General Operating S	Support
Anderson Ranch Ar PO Box 5598 Snowmass Village, 2 Enter total number			501(C)(3)	8,000.	0.			50th Anniversary Ca and General Operati Support	
3 Enter total number	er of other organizations	s listed in the line	1 table					······	3.
LHA For Paperwork	Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 99	0) (2016)

Suction Act Notice, see the instructions for Form 99 See Part IV for Column (h) descriptions Рар

Schedule I (Form 990) Rose Community Foundation .

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anti-Defamation League, Mountain							
States Region - 1120 Lincoln							
Street, Suite 1301 - Denver, CO 80203	13-1818723	501(C)(3)	10,478.	0.			General Operating Support
	13-1010725	501(0)(3)	10,478.	0.			General Operating Support
Aspen Center for Environmental							
- Studies - 100 Puppy Smith Street -							
Aspen, CO 81611	23-7042291	501(C)(3)	20,800.	0.			General Operating Support
i							
Aspen Community Foundation							
455 Gold Rivers Court, #515							Scholarship Funds,
Basalt, CO 81621	84-0829226	501(C)(3)	70,000.	0.			General Operating Support
Aspen Jewish Congregation							
0077 Meadowood Drive	04.0500405						
Aspen, CO 81611	84-0723135	501(C)(3)	6,000.	0.			General Operating Support
Bayaud Enterprises							
333 West Bayaud Avenue							
Denver, CO 80223	84-0616970	501(C)(3)	11,330.	Ο.			Infant oral care kits
			,	·			
Beth El Synagogue							
1134 South Crest Drive							Pico Soul-Camp Neshama,
Los Angeles, CA 90035	33-0024310	501(C)(3)	6,300.	0.			General Operating Support
BMH-BJ							
560 South Monaco Parkway							MazelTot.org Discount
Denver, CO 80224	84-0412568	501(C)(3)	5,000.	0.			program
Boulder County Public Health							
3450 Broadway			10.000	_			
Boulder, CO 80304	84-0563338		10,000.	0.			GENESISTER Program
Boulder Jewish Community Center							Jewish Teen Initiative
6007 Oreg Avenue							and General Operating
Boulder, CO 80303	84-1322996	501(C)(3)	549,010.	Ο.			Support

Schedule I (Form 990)

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

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(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
Brent Eley Foundation							Brent's Place Too Capital
11980 East 16th Avenue Aurora, CO 80010	84-1387528	501(C)(3)	75,500.	0.			Campaign and General Operating Support
Brigham and Women's Hospital 116 Huntington Ave., 3rd Floor Boston, MA 02116	04-2312909	501(C)(3)	10,000.	0.			Designated to further the work of Dr. Anthony D'Amico
Bright By Three 3605 Martin Luther King Boulevard							
Denver, CO 80206	84-1382420	501(C)(3)	5,000.	0.			Bright By Text Program
Camp Ramah in California, Inc. 17525 Ventura Boulevard, Suite 201							
Encino, CA 91316	95-1843131	501(C)(3)	6,500.	0.			General Operating Support
Canine Companions for Independence 126 E Las Animas St #27							
Colorado Springs, CO 80903	94-2494324	501(C)(3)	6,000.	0.			General Operating Support
Canon City Schools 101 N. 14th Street Canon City, CO 81212	84-1140714	501(C)(3)	400,000.	0.			LAUNCH Together - ECHO & Family Center Early Childhood Council
Carbondale Arts			100,000				
P.O. Box 175 Carbondale, CO 81623	84-0729842	501(C)(3)	6,000.	0.			Rosybelle Mobile Maker Space
Carbondale Community School PO Box 365							
Carbondale, CO 81623	84-0613297	501(C)(3)	5,000.	0.			Annual fund
Catholic Charities of the Diocese of Pueblo - 429 W. 10th Street -							
Pueblo, CO 81003	84-0471001	501(C)(3)	420,000.	Ο.			LAUNCH Together

Schedule I (Form 990)

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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.)	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
Gadava Ginai Madigal Contan							
Cedars-Sinai Medical Center 8700 Beverly Blvd., #2416							
Los Angeles, CA 90048	95-1644600	501(C)(3)	14,500.	0.			General Operating Support
	55 1044000	501(0)(3)	14,500.	0.			Seneral Operating Support
Children's Hospital Colorado							General Operating
Foundation - 13123 East 16th							Support, Ponzio Creative
Avenue, Box 045 - Aurora, CO 80045	84-0813462	501(C)(3)	8,250.	0.			Arts Therapy program
,,,,,,,			-,	- •			
Clinica Family Health Services							
1345 Plaza Court North #1A							Fetal Nonstress test
Lafayette, CO 80026	84-0743432	501(C)(3)	9,000.	0.			machine and EKG machine
,			,				
Colorado "I Have A Dream"							
Foundation - 1836 Grant Street -							
Denver, CO 80203	74-2497109	501(C)(3)	10,500.	0.			2016 Annual Gala
Colorado Academy							Capital Campaign,
3800 South Pierce Street							Horizons at Colorado
Denver, CO 80235	84-0421874	501(C)(3)	62,250.	0.			Academy
Colorado Access							
11100 East Bethany Drive							Telemental health
Aurora, CO 80014	84-1297547	501(C)(3)	305,316.	0.			services
Colorado African Organization							
6795 East Tennessee Avenue, Suite							Self sufficiency and
Denver, CO 80224	30-0262458	501(C)(3)	11,545.	0.			Integration for refugees
Colorado Agency for Jewish							
Education (CAJE) - 300 South							
Dahlia Street, Suite 101 - Denver,							Jewish Student Connection
<u>CO 80246</u>	84-0735278	501(C)(3)	481,315.	0.			(JSC) Denver
Colorado Association of Black							
Professional Engineers and							
Scientists - P.O. Box 200508 -							
Denver, CO 80220	74-2208861	501(C)(3)	5,000.	0.			General Operating Support

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Colorado Coalition for the							
Homeless - 2111 Champa Street -			05 000				
Denver, CO 80205	84-0951575	501(C)(3)	25,300.	0.			General Operating Support
Colorado Department of Higher							
Education - 1560 Broadway, Suite							
1600 - Denver, CO 80202	84-0644739		115,999.	0.			Colorado GEAR UP
,			,				Grant payment for ECMH
Colorado Health Institute							evaluation, Data Tracking
303 East 17th Avenue, Suite 930							- Children's Mental
Denver, CO 80203	74-3082235	501(C)(3)	33,571.	0.			Health
Colorado Immigrant Rights							
Coalition - 2525 West Alameda		501 (2) (2)	50 255				DACA and DAPA related
Avenue - Denver, CO 80219	73-1675486	501(C)(3)	59,375.	0.			work
Colorado Nonprofit Association							
789 Sherman Street, Suite 240							
Denver, CO 80203	84-0942908	501(C)(3)	35,000.	0.			General Operating Support
· · ·			,				
Colorado Nonprofit Development							Harm and Reduction Action
Center - 789 Sherman Street, Suite							Center, A+ Colorado,
250 - Denver, CO 80203	84-1493585	501(C)(3)	73,726.	0.			Women's Regional Network
Colorado People's Alliance							
700 Kalamath Street	04 1500036	F01 (0) (2)	25 000	0			DACA and DAPA related
Denver, CO 80204	84-1599036	501(C)(3)	25,000.	0.			work
Colorado Public Radio							
7409 South Alton Court							
Centennial, CO 80112	74-2324052	501(C)(3)	5,068.	0.			General Operating Support
· ·			,				
Colorado Youth Matter							
2590 Walnut Street, Suite 52							
Denver, CO 80205	74-2511487	501(C)(3)	6,000.	Ο.			General Operating Support

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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.)	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
Community Involved in Sustaining							
Agriculture - One Sugarloaf Street							
- South Deerfield, MA 01373	04-3416862	501(C)(3)	12,500.	0.			General Operating Support
Community Resource Center							
789 Sherman Street, Suite 210							
Denver, CO 80203	84-0838406	501(C)(3)	15,000.	0.			General Operating Support
Community Shares of Colorado							
789 Sherman St. Suite 230							
Denver, CO 80203	74-2401941	501(C)(3)	10,000.	0.			General Operating Support
Companeros: Four Corners Immigrant							
Resource Center - 701 Camino Del							DACA and DAPA related
Rio Suite 309 - Durango, CO 81301	37-1640345	501(C)(3)	10,000.	0.			work
Congregation Beth Menachem of							
Glogev - 154 W. 70th Street, #8P -	11 2020700	E01(0)(2)	11 400	0.			General Operating Guppent
New York, NY 10023	11-2938700	501(C)(3)	11,400.	0.			General Operating Support
Connecticut College							
270 Mohegan Avenue							
New London, CT 06320	06-0646587	501(C)(3)	10,000.	0.			General Operating Support
			,	- •			
Conservation Colorado Education							
Fund - 1536 Wynkoop Street, Suite							
510 - Denver, CO 80202	84-0614285	501(C)(3)	15,000.	0.			General Operating Support
Craig Hospital Foundation							Craig Hospital Foundation
3425 South Clarkson Street							PUSH annual event,
Englewood, CO 80113	23-7352287	501(C)(3)	8,000.	0.			General Operating Support
Creative Strategies for Change							
3359 High Street, Apartment A				_			Innovate for Good 2016 -
Denver, CO 80205	46-2083929	501(C)(3)	30,000.	0.			Community Cypher

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(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
							Outreach, Creature
Creede Repertory Theatre							Comfort cast and crew,
PO Box 269							Headwaters, Ten minute
Creede, CO 81130	84-0660026	501(C)(3)	10,000.	0.			play
Dartmouth College							
6066 Development Office							
Hanover, NH 03755	02-0222111	501(C)(3)	10,500.	0.			General Operating Support
Des of Government Government							
Day of Caring for Breast Cancer							
Awareness - 3700 Quebec #100-342 -	84-1152521	E01(a)(2)	25 500	0.			General Granating Gunnant
Denver, CO 80207	84-1152521	501(C)(3)	25,500.	0.			General Operating Support
Denison University							
100 West College Street							
Granville, OH 43023	31-4379459	501(C)(3)	5,000.	0.			Annual Fund
Denver Area Council, Boy Scouts of							
America - 10455 West 6th Avenue,	75 000057	F01/(0)/(2)	10.000	0			
Suite 100 - Lakewood, CO 80215	75-2396057	501(C)(3)	16,000.	0.			General Operating Support
Denver Art Museum							
100 West 14th Avenue Parkway							
Denver, CO 80204	84-6038240	501(C)(3)	9,500.	0.			General Operating Support
Denver Early Childhood Council							
3532 Franklin Street, Suite F							
Denver, CO 80205	27-3083665	501(C)(3)	400,000.	0.			LAUNCH Together
	27 3003003	501(0)(3)	400,000.				
Denver Health & Hospitals							Play therapy equipment,
Foundation - 655 Broadway, Suite							Audiometers, Equipment
750 - Denver, CO 80203	84-1085196	501(C)(3)	18,250.	0.			for SBHCs
Denver Metro Chamber Leadership							
Foundation - 1445 Market Street -							Opportunity Youth
Denver, CO 80202	74-2489854	рит(C)(3)	199,500.	Ο.			Implementation

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Denver Museum of Nature & Science							
2001 Colorado Boulevard							General Operating
Denver, CO 80205	84-0518447	501(C)(3)	15,000.	0.			Support, Research
			,				
Denver Public Schools Foundation							McAuliffe International
1860 Lincoln Street, 9th Floor							Schools, Isabella Bird
, Denver, CO 80203	84-1224325	501(C)(3)	145,000.	0.			Community School
·			,				
Denver Scholarship Foundation							
303 East 17th Avenue, Suite 200							
Denver, CO 80203	20-5143175	501(C)(3)	14,400.	0.			10th Anniversary gift
Denver Zoological Foundation							
2300 Steele Street							
Denver, CO 80205	84-0502539	501(C)(3)	5,000.	0.			Adoption of the Gardens
Doctors Care							TempStable Vaccine
609 West Littleton Boulevard, Sui							Refrigerator and Wallach
Littleton, CO 80120	84-1150815	501(C)(3)	12,500.	0.			Colposcope Zoomscope
Deniniary distant Wars Washth							
Dominican Sisters Home Health							
Agency of Denver - 2501 Gaylord	84-0567786	501(C)(3)	5,000.	0.			General Operating Support
Street - Denver, CO 80205	84-0507780	501(C)(3)	5,000.	0.			General Operating Support
Eagle Valley Land Trust							
PO Box 3016							
Edwards, CO 81632	74-2205958	501(C)(3)	5,000.	0.			General Operating Support
			-,				
Early Milestones Colorado							
165 Madison Street							
Denver, CO 80206	47-1929974	501(C)(3)	312,438.	0.			LAUNCH Together
			,				
Education Foundation of Eagle							
County - PO Box 18533 - Avon, CO							
81620	84-1585417	501(C)(3)	5,000.	Ο.			Teacher awards

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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.)	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
Ekar							
PO Box 460983							
Denver, CO 80246	45-1567217	501(C)(3)	12,500.	٥.			General Operating Support
	10 100/21/	501(0)(3)	12,500.				concrar operating pappers
English in Action							
P.O. Box 4856							
Basalt, CO 81621	26-1254643	501(C)(3)	5,000.	0.			General Operating Support
· · ·							
eTown							
P.O. Box 954							
Boulder, CO 80306	84-1186181	501(C)(3)	6,000.	0.			General Operating Support
Florence Crittenton Services of							
Colorado - 96 South Zuni Street -							Holiday GIVING project,
Denver, CO 80223	84-0429686	501(C)(3)	21,500.	٥.			General Operating Support
Friends of Manual							Innovate for Good 2016 -
1700 E. 28th Avenue							Thunderbolts Building
Denver, CO 80205	84-1520225	501(C)(3)	30,300.	0.			Bridges
Friends of the Israel Defense							
Forces - L.A. Chapter - 6505							
Wilshire Blvd 625 - Los Angeles, CA 90048	13-3156445	E01(0)(2)	F 000	0.			Genevel Oreveting Suprest
CA 90048	13-3150445	501(C)(3)	5,000.	<u> </u>			General Operating Support
Friends of Yemin Orde							
4340 East-West Highway Suite 202							
Bethesda, MD 20814	22-3090463	501(C)(3)	5,000.	0.			Youth Village in Israel
			-,	- •			
Girls Athletic Leadership Schools							
750 Galapago Street							
Denver, CO 80204	26-0784148	501(C)(3)	10,000.	0.			General Operating Support
.			, ,				
Girls Incorporated of Metro Denver							
1499 Julian Street							Healthy Girl Program,
Denver, CO 80204	74-2277668	501(C)(3)	9,000.	٥.			General Operating Support

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Goodwill Industries of Denver							
6850 North Federal Boulevard							
Denver, CO 80221	84-0405513	501(C)(3)	40,000.	0.			Opportunity Youth efforts
Graland Country Day School							
30 Birch Street							Graland annual fund and
Denver, CO 80220	84-0402699	501(C)(3)	18,000.	0.			Ascend Campaign
Groundwork Denver							
3050 Champa Street							
Denver, CO 80205	71-0909556	501(C)(3)	15,000.	0.			The Blue Team
Habitat for Humanity of Metro							
Denver - 3245 Eliot Street -							
Denver, CO 80211	74-2050021	501(C)(3)	5,000.	0.			General Operating Support
Towns a Distribution (achor)							
Harvard Divinity School							Genetaria II Dechance
45 Francis Avenue	04 0102500	F01/(0)/(2)	0.000	0			Constance H. Buchanan
Cambridge, MA 02138	04-2103580	501(C)(3)	9,000.	0.			Endowment
Hazon							Support for
125 Maiden Lane, Suite 8B							animal-related work,
New York, NY 10038	13-4087102	501(C)(3)	215,000.	0.			General Operating Support
/			, -				Programing. veterans,
Hearts and Horses Therapeutic							seniors, foster care and
Riding Center - 163 North County							at risk youth
Road 29 - Loveland, CO 80537	84-1387873	501(C)(3)	25,000.	0.			scholarships
<i>.</i>							
Hebrew Educational Alliance							
3600 South Ivanhoe Street							Our Lights Never Go out,
Denver, CO 80237	84-0447472	501(C)(3)	12,053.	0.			MazelTot.org Programs
High Country News							
P.O. Box 1090							
Paonia, CO 81428	23-7015336	501(C)(3)	13,000.	Ο.			Internship Program

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(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
Nimenia Affrica Duringt							
Hispanic Affairs Project 300 North Cascade Avenue, Suite C-							DACA and DAPA related
Montrose, CO 81401	27-1276653	501(C)(3)	25,000.	0.			work
	27 1270055	501(0)(5)	23,000.	0.			work
History Colorado							El Movimiento Exhibit,
1200 Broadway							Low sensory mornings at
Denver, CO 80203	84-6000482	501(C)(3)	22,000.	0.			Museum
	01 0000102	501(0/(5/					
Hunger Free Colorado							
1801 Williams Street, Suite 200							
Denver, CO 80218	68-0551464	501(C)(3)	12,500.	0.			General Operating Support
							Conclus operating support
Immigrant Legal Center of Boulder							
County - 948 North Street, Suite 8							DACA and DAPA related
- Boulder, CO 80304	20-3001622	501(C)(3)	25,000.	0.			work
Impact Charitable							Westminster Public
1536 Wynkoop, Suite 223							Schools Full Day
Denver, CO 80202	47-1180598	501(C)(3)	10,000.	0.			- Kindergarten Program
			,				
Independence Pass Foundation							
P.O. Box 1700							
Aspen, CO 81612	84-1133782	501(C)(3)	5,000.	0.			General Operating Support
			, , , ,				
Jewish Family Service of Colorado							
3201 South Tamarac Drive, Suite 20							
, Denver, CO 80231	84-0402701	501(C)(3)	35,934.	0.			General Operating Support
Jewish Family Service of Western							
Massachusetts - 15 Lenox Street -							
Springfield, MA 01108	04-2104352	501(C)(3)	15,000.	0.			General Operating Support
Jewish Federation of Nashville and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Free Street Stre
Middle Tennessee - 801 Percy							
Warner Boulevard, Suite #102 -							
Nashville, TN 37205	62-6077703	501(C)(3)	5,000.	0.			General Operating Support

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Jewish Resource Center Chabad of Aspen - 435 West Main Street - Aspen - C0 81611 22-3787221 501(C)(3) 16,000. 0. Jewish Women's Archive One Harvard Street, Suite 200 Brookline, MA 02445 04-3293188 501(C)(3) 5,000. 0. Beneral Operating Support JWISHColcado 300 South Dahlia Street, Suite 300 Denver, C0 80246 01-0831698 501(C)(3) 78,050. 0. Denver, C0 80246 01-0831698 501(C)(3) 10,000. 0. Judaiem Your Way 600 Grant Street, Suite 308 Denver, C0 80203 46-0517841 501(C)(3) 43,750. 0. Denver, C0 80203 46-0517841 501(C)(3) 43,750. 0. Denver, C0 80203 20-4698729 501(C)(3) 5,000. 0. Kent Denver School 4000 East Quirey Avenue Englewood, C0 80110 84-0242810 501(C)(3) 5,250. 0. Reneral Operating Support	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.)	1
States Region - 6000 East Evens Nrenue, Suite 1-200 - Denver, CO 80222 13-1659627 501(C)(3) 7,000. 0. Beneral Operating Support Jewish Resource Center Chabed of Appen - 435 West Main Street - Appen, CO 81611 22-3787221 501(C)(3) 16,000. 0. Beneral Operating Support Jewish Komen's Archive One Harvard Street, Suite 200 Brookline, MA 02445 04-3293188 501(C)(3) 5,000. 0. Beneral Operating Support JEWISHColrado 00 Gount Dahits Street, Suite 200 Brookline, MA 02445 01-0831698 501(C)(3) 78,050. 0. Beneral Operating Support JUN International 2138 Batter Street Los Angeles, CA 90039 68-0601176 501(C)(3) 10,000. 0. Beneral Operating Support JUN International 2138 Batter Street Los Angeles, CA 90039 68-0601176 501(C)(3) 10,000. 0. Beneral Operating Support JUN International 2138 Batter Street Los Angeles, CA 90039 68-0601176 501(C)(3) 10,000. 0. Beneral Operating Support JUN International 2138 Batter Street Los Angeles, CA 90039 68-0601176 501(C)(3) 10,000. 0. Beneral Operating Support JUN Street M, 4100 Washington, DC 20036 20-4898729 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100 84-0242810 501(C)(3) 5,250. 0. Beneral Operating Support Kent Denver School 4000 East Quincy Avenue Broglewood, CO 80100		(b) EIN		• • •	non-cash	valuation (book, FMV,		
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600 Grant Street, Suite 308 Denver, CO 8020346-0517841501(C)(3)43,750.0.General Operating SupportJust Vision 1616 P Street NW, #340 Washington, DC 2003620-4898729501(C)(3)5,000.0.General Operating SupportKent Denver School 4000 East Quincy Avenue Englewood, CO 8011084-0242810501(C)(3)5,250.0.General Operating SupportKestrel Land Trust P.O. Box 1016SupportSupportSupportSupport	Los Angeles, CA 90039	68-0601176	501(C)(3)	10,000.	٥.			General Operating Support
600 Grant Street, Suite 308 Denver, CO 8020346-0517841501(C)(3)43,750.0.General Operating SupportJust Vision 1616 P Street NW, #340 Washington, DC 2003620-4898729501(C)(3)5,000.0.General Operating SupportKent Denver School 4000 East Quincy Avenue Englewood, CO 8011084-0242810501(C)(3)5,250.0.General Operating SupportKestrel Land Trust P.O. Box 1016SupportSupportSupportSupport	Judaism Your Way							
Denver, CO 80203 46-0517841 501(C)(3) 43,750. 0. General Operating Support Just Vision 1616 P Street NW, #340 20-4898729 501(C)(3) 5,000. 0. Seneral Operating Support Washington, DC 20036 20-4898729 501(C)(3) 5,000. 0. Seneral Operating Support Kent Denver School 44-0242810 501(C)(3) 5,250. 0. Seneral Operating Support 4000 East Quincy Avenue 84-0242810 501(C)(3) 5,250. 0. Seneral Operating Support Kestrel Land Trust P.O. Box 1016 Image: Contract Support Image: Contract Support Image: Contract Support Image: Contract Support								
1616 P Street NW, #34020-4898729501(C)(3)5,000.0.General Operating SupportKent Denver School 4000 East Quincy Avenue Englewood, CO 8011084-0242810501(C)(3)5,250.0.General Operating SupportKestrel Land Trust P.O. Box 1016	•	46-0517841	501(C)(3)	43,750.	0.			General Operating Support
1616 P Street NW, #34020-4898729501(C)(3)5,000.0.General Operating SupportKent Denver School 4000 East Quincy Avenue Englewood, CO 8011084-0242810501(C)(3)5,250.0.General Operating SupportKestrel Land Trust P.O. Box 1016								
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Kent Denver School 4000 East Quincy Avenue Englewood, CO 8011084-0242810501(C)(3)5,250.0.Kestrel Land Trust P.O. Box 1016Seneral Operating Support	,							
4000 East Quincy Avenue 84-0242810 501(C)(3) 5,250. 0. General Operating Support Kestrel Land Trust P.O. Box 1016 Image: Constraint of the second s	Washington, DC 20036	20-4898729	501(C)(3)	5,000.	0.			General Operating Support
4000 East Quincy Avenue 84-0242810 501(C)(3) 5,250. 0. General Operating Support Kestrel Land Trust P.O. Box 1016 Image: Constraint of the second s	Kent Denver School							
Englewood, CO 80110 84-0242810 501(C)(3) 5,250. 0. General Operating Support Kestrel Land Trust P.O. Box 1016 Image: Construct of the second secon								
P.O. Box 1016		84-0242810	501(C)(3)	5,250.	0.			General Operating Support
P.O. Box 1016	Kestrel Land Trust							
Amherst, MA 01004 04-6243236 501(C)(3) 5,000. 0. General Operating Support	Amherst, MA 01004	04-6243236	501(C)(3)	5,000.	0.			General Operating Support

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(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
Kids First Healthcare							Dental Hygienist to
4675 East 69th Avenue							provide dental care at
Commerce City, CO 80022	84-0799374	501(C)(3)	15,000.	0.			Adams City High School
			,				Dr. Lori Crane's Colorado
Melanoma Research Foundation							Skin Cancer Prevention
1411 K. Street, NW Suite 500							Project, Denver Wings of
Washington, DC 20005	76-0514428	501(C)(3)	79,125.	0.			Hope Gala
Mental Health Center of Denver							
4141 E. Dickenson Place							
Denver, CO 80222	74-2499946	501(C)(3)	5,000.	0.			General Operating Support
Mental Health Colorado							
1120 Lincoln Street, Suite 1606							
Denver, CO 80203	84-0446365	501(C)(3)	12,500.	0.			General Operating Support
Mercy Housing							
1999 Broadway, Suite 1000							Resident support services
Denver, CO 80202	47-0646706	501(C)(3)	8,000.	0.			at Grace Apartments
Metro Caring							
PO Box 300459							
Denver, CO 80203	84-6116951	501(C)(3)	19,490.	0.			General Operating Support
Metro Volunteers							
789 Sherman Street, Suite 220							
Denver, CO 80203	84-0782124	501(C)(3)	10,000.	0.			General Operating Support
Metropolitan State University of							
- Denver Foundation - Campus Box 14,							College of Human
PO Box 173362 - Denver, CO 80217	84-0576459	501(C)(3)	5,000.	0.			Performance
Mile High Early Learning							
Mile High Early Learning 1780 Marion Street							

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Mile High United Way							
711 Park Avenue West							
Denver, CO 80205	84-0404235	501(C)(3)	10,000.	0.			General Operating Suppor
			, -				
Milken Institute							
1250 Fourth Street, 2nd floor							
Santa Monica, CA 90401	95-4240775	501(C)(3)	12,500.	Ο.			General Operating Suppor
Mount Grace Land Conservation							
Trust - 1461 Old Keene Road -							
Athol, MA 01331	04-2938967	501(C)(3)	6,000.	0.			General Operating Suppor
Moving Traditions							
261 Old York Road, Suite 734	24 2015014	F01/(0)/(2)	20 750	0.			Colorado Moving
Jenkintown, PA 19046	34-2015014	501(C)(3)	20,750.	υ.			Traditions
NARAL Pro-Choice Colorado							
Foundation - 1905 Sherman Street,							
Suite 800 - Denver, CO 80203	84-6050191	501(C)(3)	25,000.	0.			General Operating Suppor
			,	- •			
Naropa University							
2130 Araphoe Avenue							
Boulder, CO 80302	68-0480736	501(C)(3)	5,000.	Ο.			Scholarship assistance
National Jewish Health							
1400 Jackson Street							Beaux Arts Ball, Work of
Denver, CO 80206	74-2044647	501(C)(3)	10,500.	0.			Dr. Erwin Gelfand
National Multiple Sclerosis							
Society, Colorado - 900 South							
Broadway, Suite 250 - Denver, CO							
80209	84-0412595	501(C)(3)	10,500.	0.			General Operating Suppor
New Legacy Charter High School							
2091 North Dayton Street	46 2041262	F01 (G) (2)	10.000				
Aurora, CO 80010	46-3841363	PUT(C)(3)	10,000.	0.			Program Support

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(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
No Barriers USA							
225 Canyon Avenue, Suite 207							Mobility and physical
Fort Collins, CO 80521	06-1693441	501(C)(3)	20,000.	0.			accesibility needs
Northeast Organic Farming			,	- •			
Association, Massachusetts Chapter							
- 411 Sheldon Road - Barre, MA							
01005	22-2987723	501(C)(3)	7,000.	0.			General Operating Support
Northfield Mount Hermon School							
One Lamplighter Way							
Mount Hermon, MA 01354	04-2109865	501(C)(3)	10,000.	0.			NMH BOATHOUSE
Padres & Jovenes Unidos							Transforming Innovation
3025 West 37th Avenue, Suite 206							Schools through Parent
Denver, CO 80211	84-1426652	501(C)(3)	110,374.	0.			Engagement in SW Denver
Parent Possible							Pilot of their Parents As
800 Grant Street, Suite 200							Teachers and SafeCare at
Denver, CO 80203	84-1169805	501(C)(3)	5,000.	0.			Home combined Program
			,				
Pathfinders							
P.O. Box 11799							
Aspen, CO 81612	20-1710899	501(C)(3)	15,000.	0.			General Operating Support
Planned Parenthood of the Rocky							Responsible Sex Education
Mountains - 7155 East 38th Avenue							Institute, General
- Denver, CO 80207	84-0404253	501(C)(3)	37,500.	0.			Operating Support
Project Angel Heart							
4950 Washington Street							
Denver, CO 80216	84-1199481	501(C)(3)	5,000.	0.			General Operating Support
Project Worthmore							Yu Meh Community Garden
Project worthmore 1532 Galena Street, Suite 380							fellowship and food
1332 Galella Bileel, Buile 300		1				1	Lerrowship and 1000

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(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
Protect Our Defenders Foundation							
20 Park Road, Suite E							
Burlingame, CA 94010	45-4044997	501(C)(3)	5,000.	0.			General Operating Support
Raymond Wentz Foundation							
- 3455 Ringsby Court, #111							Sponsorship "For The Love
Denver, CO 80216	27-0029283	501(C)(3)	5,000.	0.			of Raymond"
Re:Vision International							Innovate for Good 2016 -
3735 Morrison Road			25.000				Youth-Led Bicycle Repair
Denver, CO 80219	26-1204343	501(C)(3)	35,000.	0.			Workshop
RedLine							
2350 Arapahoe Street							
Denver, CO 80205	26-0317963	501(C)(3)	7,500.	0.			General Operating Support
Rio Grande Headwaters Land Trust PO Box 444							
Del Notre, CO 81132	84-1495770	501(C)(3)	5,000.	0.			General Operating Support
	04-1495770	501(0)(3)	5,000.	0.			General Operating Support
RISE Colorado							
1595 Elmira Street, # 201							
Aurora, CO 80010	47-3566342	501(C)(3)	67,250.	0.			Program support
Roaring Fork Conservancy							
P.O. Box 3349							
Basalt, CO 81621	84-1375379	501(C)(3)	5,500.	0.			General Operating Support
	01 10/00/9	501(0)(0)	5,500.	•••			benefat operating support
Rocky Mountain Immigrant Advocacy							
Network - 3489 West 72nd Avenue,							DACA and DAPA related
Suite 211 - Westminster, CO 80030	84-1565542	501(C)(3)	25,000.	0.			work.
Rose Andom Center							
1330 Fox Street							
Denver, CO 80204	90-0990929	501(C)(3)	10,000.	0.			General Operating Support

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(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
Rose Foundation							
600 South Cherry Street, Suite 120							
Denver, CO 80246	84-0418124	501(C)(3)	10,000.	0.			ProComp white paper
			,	- •			
RSVP Colorado							
PO Box 31421							
Aurora, CO 80041	81-1737000	501(C)(3)	25,000.	٥.			General Operating Support
Samuel A. Fryer Yavneh Hebrew							
Academy - 5353 W. 3rd Street - Los							
Angeles, CA 90020	95-2117190	501(C)(3)	16,300.	0.			General Operating Support
San Luis Valley Immigrant Resource							
Center - 225 6th Street, Suite B -							DACA and DAPA related
Alamosa, CO 81101	74-3064080	501(C)(3)	40,000.	0.			work
Sarcoma Foundation of America							
9899 Main Street, Suite 204							Colorado Chapter in honom
Damascus, MD 20872	52-2275294	501(C)(3)	5,000.	0.			of James Richard Godkin
Damabeus, MD 20072	52 2275254	501(0)(3)	5,000.				
Senior Support Services, Inc.							
846 East 18th Avenue							
Denver, CO 80218	84-0801612	501(C)(3)	6,050.	0.			General Operating Support
·							
Shalom Park							
14800 East Belleview Drive							Gold Medal Moments,
Aurora, CO 80015	74-2376546	501(C)(3)	31,050.	٥.			General Operating Support
Sharsheret							
1086 Teaneck Road, #2G							
Teaneck, NJ 07666	13-4198529	501(C)(3)	10,000.	0.			General Operating Support
Olineshet Fund							
Slingshot Fund							
25 Broadway, 9th Floor New York, NY 10004	47-1833392	501(C)(2)	5,500.	0.			General Operating Support
NEW TOLK, NI TOUU4	#1-T022227		5,500.	۰ ⁰	1		Peneral Operating Suppor

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(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
Social Impact Solutions							
2209 Forest Street							Colorado Funders PFS
Denver, CO 80207	47-1205093	L3C	13,500.	0.			Collaboration support
Solar Cookers International							
2400 22nd Street, Suite 210							
Sacramento, CA 95818	68-0153141	501(C)(3)	15,000.	٥.			General Operating Support
Spirit of the Sun							Innovate for Good 2016 -
357 South McCaslin Boulevard, Suit							Empowering Native Youth
Louisville, CO 80027	03-0442292	501(C)(3)	30,000.	0.			in Metro Denver
Spring Institute for Intercultural							Innovate for Good 2016 -
Learning - 1373 Grant Street -							Community Interpreters
Denver, CO 80203	84-0788093	501(C)(3)	41,779.	0.			Project
	04-0700095	501(0)(3)	41,775.	0.			
Springfield College							
263 Alden Street							School of Social Work
Springfield, MA 01109	04-2104329	501(C)(3)	5,000.	0.			Annual Scholarship Fund
St. John's Foundation							
P.O. Box 428							Pediatric Audiology
Jackson, WY 83001	83-0325788	501(C)(3)	10,000.	0.			Project fund
Staenberg-Loup Jewish Community							
Center - 350 South Dahlia Street -							Capital campaign, General
Denver, CO 80246	84-0404245	501(C)(3)	327,784.	0.			Operating Support
March for America							
Teach for America							
1391 Speer Boulevard, Suite 710	12 2541012	F(1/2)(2)	E 000	_			Cononal Onenating Correct
Denver, CO 80204	13-3541913	501(C)(3)	5,000.	0.			General Operating Support
Memple Empruel							Live On IV: Build Your
Temple Emanuel							Jewish Legacy,
51 Grape Street	04.0400500	F01 (0) (2)	0.110				MazelTot.org Discount
Denver, CO 80220	84-0402688	501(C)(3)	9,110.	0.			program

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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 Adoption Exchange							
14232 East Evans Avenue							
Aurora, CO 80014	84-0793576	501(C)(3)	5,000.	0.			General Operating Support
The American Transplant Foundation							
410 17th Street, 22nd Floor							American Transplant
Denver, CO 80202	02-0744032	501(C)(3)	5,000.	0.			Association
							ast we have an own from
The Art Base							Get us back on our feet
99 Midland Spur	20-1188479	501(C)(3)	10 000	0.			campaign, General
Basalt, CO 81621	20-11004/9	501(C)(3)	10,000.	0.			Operating Support
The Aspen Institute							
1000 North Third Street							Society of Fellows,
Aspen, CO 81611	84-0399006	501(C)(3)	6,000.	0.			General Operating Support
The Center Trauma & Resilience							
PO Box 18975							Climb Higher Alliance -
Denver, CO 80218	74-2458153	501(C)(3)	15,000.	0.			YAASPA
			,				
The Children's Museum of Denver							
2121 Children's Museum Drive							
Denver, CO 80211	84-0658142	501(C)(3)	5,000.	0.			General Operating Support
The Church of Jesus Christ of							
Latter-Day Saints - 4900 East							
Progress Court - Greenwood							
Village, CO 80121	23-7300405	501(C)(3)	25,000.	0.			General Operating Support
The Consortium							
187 High Street, Suite 202							
Holyoke, MA 01040	23-7450656	501(C)(3)	5,000.	0.			People's Medicine Project
The Derver Foundation							
The Denver Foundation							
55 Madison Street, 8th Floor		1				1	

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Part II Continuation of Grants and Other							
(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 Denver Hospice							
501 South Cherry Street, Suite 700							
Denver, CO 80246	84-0743121	501(C)(3)	10,000.	0.			General Operating Support
							Conclus Operating Support
The Foxie G Foundation							
P.O. Box 39							Retired Thoroughbred
Libertytown, MD 27162	46-0986465	501(C)(3)	36,000.	0.			Horse Rescue support
			,				
The GrowHaus							
4751 York Street							
Denver, CO 80216	20-3533527	501(C)(3)	25,000.	0.			General Operating Suport
The Jewish Federation of Greater							
Los Angeles - P.O. Box 54269							Wexner Jewish Heritage
Terminal Annex - Los Angeles, CA							program, General
90054	95-1643388	501(C)(3)	11,500.	0.			Operating Support
The Manaus Fund							
P.O. Box 2026							
Carbondale, CO 81623	20-2710588	501(C)(3)	15,000.	0.			Valley Settlement Project
The Park People							
1510 South Grant Street							
Denver, CO 80210	84-6045624	501(C)(3)	10,000.	0.			Save Our Sundial
The Preston Robert Tisch Brain							
Tumor Center at Duke University							
Medical Cent - Box 3624 - Durham,							
NC 27710	56-0532129	501(C)(3)	15,000.	0.			General Operating Support
The Trust for Public Land - Denver							
Office - 1410 Grant Street, #D-210							
- Denver, CO 80203	23-7222333	501(C)(3)	8,000.	٥.			General Operating Support
The UCLA Foundation							
PO Box 7145							Support for Dr. Joanna
Pasadena, CA 91109	95-2250801	501(C)(3)	32,500.	0.			Jen's research

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(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 University of Arizona							
Foundation - P.O. Box 210109 -							
Tucson, AZ 85721	86-6050388	501(C)(3)	5,000.	0.			Veterans Center
			,				
There With Care							General and holiday
2825 Wilderness Place, Suite 100							support for families in
Boulder, CO 80301	68-0606330	501(C)(3)	5,500.	0.			health crisis
Together Colorado							
1980 Dahlia Street							DACA and DAPA related
Denver, CO 80220	84-0753677	501(C)(3)	149,000.	0.			work
							Gardening the Community,
TSNE MissionWorks							Colorado Early Childhood
89 South Street, Suite 700							Philanthropists Group,
Boston, MA 02111	04-2261109	501(C)(3)	30,000.	0.			Constellation
							CU Leeds School of
University of Colorado Foundation							Business, The Cancer
1800 Grant Street, Suite 725							Center Endowed Fund,
Denver, CO 80203	84-6049811	501(C)(3)	25,500.	0.			Center for Women's Health
University of Derver							
University of Denver							LAUNCH Mogother
2199 South University Boulevard	94 0404021	E01(0)(2)	172 664	0.			LAUNCH Together Evaluation
Denver, CO 80208	84-0404231	501(C)(3)	172,664.	0.			
University of Denver Sturm College							
of Law - 2255 East Evans Avenue,							
Suite 243 - Denver, CO 80208	84-0404231	501(C)(3)	68,000.	0.			General Operating Support
	04 0404231	501(0)(3)					Scheral operating support
University of Puget Sound							
1500 N. Warner St., #1022							Pacific Rim Asia Study
Tacoma, WA 98416	91-0564961	501(C)(3)	10,000.	0.			Travel Program
University of Texas Rio Grande							
Valley Foundation - 1201 W.							
University Drive - Edinburg, TX							
78541	74-2246970	501(C)(3)	10,000.	0.			Check It Out Program

Schedule I (Form 990) Rose Community Foundation .

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(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
Urban League of Metro Denver 700 East 24th Avenue, Suite 8 Denver, CO 80205	84-0404264	501(C)(3)	5,000.	0.			Climb Higher Alliance
Valley View Hospital Foundation P.O. Box 1970 Glenwood Springs, CO 81602	73-1664673	501(C)(3)	15,000.	0.			The Rally Fund (Cancer Patient assistance)
Volunteers of America Colorado Branch – 2660 Larimer Street – Denver, CO 80205	84-0430995	501(C)(3)	5,000.	0.			General Operating Support
Walking Mountains Science Center P.O. Box 9469 Avon, CO 81620	84-1436731	501(C)(3)	21,000.	0.			Educational efforts and stewardship partnerships
Warren Village 1323 Gilpin Street Denver, CO 80218	84-0644270	501(C)(3)	31,000.	0.			General Program and Operating Support
Westside Kollel 1453 South Robertson Boulevard Los Angeles, CA 90035	42-1548771	501(C)(3)	5,000.	0.			General Operating Support
Women Donors Network 565 Commercial Street, Suite 300 San Francisco, CA 94111	05-0542397	501(C)(3)	7,000.	0.			Reflective Democracy
Women's Health 2855 Valmont Road Boulder, CO 80301	84-0645786	501(C)(3)	15,000.	0.			SHAPE Program
YMCA of Boulder Valley 2800 Dagny Way Lafayette, CO 80027	84-0459944	501(C)(3)	20,000.	0.			DACA and DAPA related work

Schedule I (Form 990) Rose Community Foundation

84-0920862 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YouthZone 803 School Street 91enwood Springs, CO 81601	84-0712993	501(C)(3)	20,000.	0.			General Operating Suppo
immer Children's Museum 505 Wilshire Boulevard, 1st Floor os Angeles, CA 90048	20-1470992		13,500.	0.			General Operating Suppo

Schedule I (Form 990) (2016) Rose Commu

Page 2

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

In order to monitor the use of grant funds, the Foundation may require

interim and/or final reports to be submitted by the grantee, has frequent

communications with the grantee organizations, and in some instances will

do site visits if deemed necessary.

Part II, line 1, Column (h):

Name of Organization or Government: TSNE MissionWorks

(h) Purpose of Grant or Assistance: Gardening the Community, Colorado

Part IV Supplemental Information

Early Childhood Philanthropists Group, Constellation Philanthropy

Name of Organization or Government: University of Colorado Foundation

(h) Purpose of Grant or Assistance: CU Leeds School of Business, The

Cancer Center Endowed Fund, Center for Women's Health Research

Schedule I (Form 990)

632291 04-01-16

12361114 138837 5040-00

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete If the organization answered 'Yes' on Form 990, Part IV, line 23. Lindermation about Schedule J (Form 990) and its instructions is at www.ks.gov/form990. Terminoper identification number Some Community Foundation Some Community Some Commonsuppore Community Some Community	SCHEDULE	J Compensation Information	OMB N	o. 1545-00)47
Complete if the organization answered "Yes" on Ferm 990, Part IV, line 23. Dere to Public Inspection The operation answered "Yes" on Ferm 990, Part IV, line 23. Dere to Public Inspection The operation answered "Yes" on Ferm 990, Part IV, line 23. Dere to Public Inspection The operation answered "Yes" on Ferm 990, Part IV, line 23. Dere to Public Inspection The operation of the organization operated to form 990, Part IV, line 23. Dere to Public Inspection The operation operation operation The oper	(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	116	<u> </u>
Department of the Vessor Name of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these litens. Parket for companions Parket for companic form Parket for companic form				JIC	•
Name of the organization Employer identification number Part I Questions Regarding Compensation 84.0320852 Part II Questions Regarding Compensation Yes Indicate which, if any, of the torganization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items. Yes No Indicate which, 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 abov? If 'NA', complete Part III to explain 1b Ib 2 Did the organization committee Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEOExecutive Director, tot embursing or allowing expenses incured by all directors, trustees, and officers, including the EEO/Executive Director, tot embursing and mainton survey or study 2 Image: I		Attach to Form 990.			
Part I Questions Regarding Compensation Part II Councember Segarding Compensation Oreack the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part II, Section A, Ine 12, complete Part II It or provide any relevant information regarding these terms. Part Tarvel for companions Part II, Section A, Ine 12, complete Part II It or provide any relevant information regarding these terms. Discretionary spending account Pary of the boxes on line ta are checked, idit the organization follow a written policy regarding payment or reimbursement or provision of all of the segments described above? If 1%n°, complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 12? Judicate which, if any, of the following the filing organization used to establish the compensation or setiated organization Compensation consultant Compensation consultant X Compensation source or study Gomensation source or study Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonqualifier definement pain? Participate in, or receive payment from, a supplemental nonoqualifier definement pain? Participate in or form 500, Part			1000.		
Part I Questions Regarding Compensation a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization follow any relevant information regarding these items. Image: View of the provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization relief and part III. b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: View of the organization regimes the second or a person listed or granization to estabilis on compensation or the CEO/Executive Director, use spain in Part III. Image: View of the organization committee 3 Indicate which, if any, of the following the filing organization used to estabilish the compensation or the OEO/Executive Director, use spain in Part III. Image: View of the compensation or committee Image: View of the apply of the CEO/Executive Director, use spain in Part III. Image: View of the organization organization committee Image: View of the apply of the context or the part of the apply of the totick any boxes for methods used by a related organization to estabilis on comments or change of control payment? Image: View of the apply of the totick any boxes for	Name of the of				mber
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Yes No 1a Check the appropriate box(es) if the organization for business use of personal residence 1ax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chaufeur, cher) 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. Ib 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization is establish compensation committee With respect to the filing organization or a related organization: Z 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X Approval by the board or compensation committee X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a relate	Part I Q		04-0920002		
1a Check the appropriate box(es) if the organization provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Prist-Class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for comparions Payments for business use of personal residence Housing allowance or residence business use or personal residence Discretionary spending account Personal services (such as, maid, chauffeur, chef) Ite 2 Indicate which, if any, of the following the filing organization regulary or allowing expreses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish from compensation organization is ceO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? <td< th=""><th></th><th></th><th></th><th>Ves</th><th>No</th></td<>				Ves	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison	1a Check the	appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990	103	
Image: Pirst-class or charter travel Image: Image: Image: Payments for business use of personal use Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Payments for business use of personal residence Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for companions Participate Part III to explain Image: Travel for explain Part III. Participate Part III to explain <t< td=""><td></td><td></td><td>,000,</td><td></td><td></td></t<>			,000,		
Image: Trave for companions Payments for business use of personal residence Image: Trave indemnification and gross-up payments Heatth or social club dues or initiation fees Image: Trave indemnification and gross-up payments Heatth or social club dues or initiation fees Image: Trave indemnification and gross-up payments Heatth or social club dues or initiation fees Image: Trave indemnification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Trave index officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Travee index officers, including the CEO/Executive Director, regarding the item employment contract Image: Travee index of the organization is a social club dues or initiation is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: Travee index of the organization is a social club due or initiation (travee) Image: Travee index of the organization is a social club due or initiation is a complete index of the organization is a social club due organization is a class due organization: Image: Travee index of the organization is a club due organization: Image: Travee index organization is a club due organization: <td></td> <td></td> <td>aluse</td> <td></td> <td></td>			aluse		
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract 2 Independent compensation consultant X Compensation survey or study 3 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 4a X 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X 6 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a X 7 Parcesin listed on Form 990, Part VII, Section A, line 1a, did the orga					
Discretionary spending account Personal services (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee 2 Indicate which, if any, of the following the filing organization used to establish the compensation organization to establish compensation committee 2 Indicate which, if any, of the following the filing organization used to establish the compensation committee 2 Independent compensation consultant X. Compensation survey or study Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related payment from, an equity-based compensation arrangement? 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4b X b Did section Fom 990, P					
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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 Compensation committee Written employment contract Written employment contract Compensation committee Written employment contract 4a During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Sec			r. chef)		
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 7 8 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	•				
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					+
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8,			6b		X
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
 8 Were any amounts reported on 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					
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 9 9 9					X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-				
Regulations section 53.4958-6(c)?					X

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84-0920862

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

For each individual whose compensation must be reported on 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 aren't 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 in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) Sheila Bugdanowitz	(i)	94,179.	0.	0.	5,097.	2,439.	. 101,715.	0.
President & CEO	(ii)	224,101.	Ο.	0.	12,128.	5,805.	. 242,034.	0.
(2) Anne Garcia	(i)	49,575.	Ο.	0.	3,278.	2,507.	. 55,360.	0.
Treasurer, CFO & COO	(ii)	117,965.	Ο.	0.	7,800.	5,966.	. 131,731.	0.
(3) Elsa Holguin	(i)	Ο.	Ο.	0.	0.	0.	. 0.	0.
Program Officer	(ii)	150,913.	Ο.	0.	9,331.	8,441.	. 168,685.	0.
(4) Lisa Farber Miller	(i)	Ο.	Ο.	0.	0.	0.	. 0.	0.
Program Officer	(ii)	141,062.	Ο.	0.	9,645.	8,437.	. 159,144.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047 2016 Open to Public Inspection
Name of the organization	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov n		r identification number
	Rose Community Foundation	84-09	20862
Form 990, Part III	, Line 1, Description of Organization Mission:		
The purpose of the	foundation is to enhance the quality of life in the		
seven-county great	er Denver community by identifying and supporting		
programs in the ar	eas of aging, child and family development,		
education, health	and Jewish life. The foundation promotes strategic		
philanthropy by en	gaging donors to help them make thoughtful decisions		
to achieve their p	hilanthropic goals.		
Form 990, Part III	, Line 4b, Program Service Accomplishments:		
A total of \$7,555,	000 in unrestricted funds was awarded in 2016 as		
follows: AGING- \$1	,619,000 to support services for older adults,		
including transpor	tation, direct services, and end-of-life care; CHILD		
& FAMILY DEVELOPME	NT- \$1,490,000 to support early childhood development		
and education, fam	ily self-sufficiency and related public policy		
efforts; EDUCATION	- \$1,493,000 to improve K-12 teacher quality and		
support systemic c	hanges aimed at closing education achievement gaps;		
HEALTH- \$1,998,000	to support access to care, cost-effectiveness in		
health care, healt	h policy initiatives and primary prevention: JEWISH		
LIFE- \$955,000 to	help strengthen connections between individuals and		
the Jewish communi	ty, promote Jewish growth and learning, strengthen		
organizations and	develop leaders. (For informational purposes only-		
activity is not in	cluded in the Rose Community Foundation Form 990).		
Form 990, Part VI,	Section B, line 11b:		
The Form 990, incl	uding all required schedules, is provided to the Board of		
Trustees, (all of	which are voting members), prior to being filed with the		
LHA For Paperwork R		edule O (For	m 990 or 990-EZ) (2016)
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2016.05000 Rose Community Foundation 5040-001

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization Rose Community Fo	undation	Employer identification number 84-0920862
IRS. The Foundation asks the members t	o submit any questions or comments	
regarding the Form 990 by the date the	e return is to be filed.	
The Foundation's Form 990 is prepared	by an independent CPA firm and the	
Foundation conducts a thorough review	of the return prior to being filed	
with the IRS. The CFO and staff perfor	m a detail review of all amounts and	
disclosures in the return and then pre	sent 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 resu	lt of this process.	
Form 990, Part VI, Section B, Line 12c		
A detailed, written description of eac		
procedures followed to clear the confl	ict are provided annually to the	
Audit Committee for review. On an annu	al basis, the Audit Committee makes a	
report to the Board of Trustees with r	respect to all the current and	
material actual or potential conflicts	of interest known to them and of any	
actions that have been taken or that t	hey recommend be taken to ensure	
compliance with this policy.		
Form 000 Part VI Section P Line 15a		
Form 990, Part VI, Section B, Line 15a On an annual basis, the Chief Financia		
Committee meet to discuss the compensa		
Foundations President and CEO. During		
of Trustees presents his/her assessmen	· · · · · · · · · · · · · · · · · · ·	
performance as compared to the goals a		
at the beginning of the year. Based on		
along with comparative salary informat		
level from both formal and informal su		
632212 08-25-16	63	Schedule O (Form 990 or 990-EZ) (2016)
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Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization Rose Community Foundation		Employer identification number 84-0920862
a salary level to be taken to the Board of Truste	es for approval	
Other Officers are Generally budgeted at 3% along	with all other salaries	
and then determined by the supervisor by evaluation	ng performance as compared	
to the goals and objectives that were established	at the beginning of the	
year.		
Form 990, Part VI, Section C, Line 19:		
The Foundation's Conflict of Interest Policy, 990	and financial statements	
· · · ·		
are available upon request as well as posted on t	he Foundation's website at	
www.rcfdenver.org.		
Form 990, Part XI, line 9, Changes in Net Assets:		
Agency Contributions	-2,696,161.	
Agency Distributions and Grants	5,531,799.	
Other Net Asset Change	-99,173.	
Total to Form 990, Part XI, Line 9	2,736,465.	

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SCHEDULE R (Form 990)	► Cor	Related Organization mplete if the organization answere A	IS and Unrelated P a d "Yes" on Form 990, Part IV, ttach to Form 990.	Irtnerships line 33, 34, 35b, 3	36, or 37.		Ē	201	6
Department of the Trease Internal Revenue Service	ury	nformation about Schedule R (Forn	n 990) and its instructions is a	at www.irs.gov/fori	n990.			Open to P Inspecti	ion
Name of the orgar	ization Rose Community Fou	ndation					nployer ident 84-0920862		umber
Part I Identifi	cation of Disregarded Entities. Com	plete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
Name,	(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year		Direc	(f) t controlling entity	g
Identifi	cation of Related Tax-Exempt Orga	nizations. Complete if the organization	n answered "Yes" on Form 99	0 Part IV line 34 h	ecause it had one	or more	related tax-e	xemnt	
Part II organiz	ations during the tax year.		-	1					
I	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
	on - 84-0418124 Street, Suite 1200	Grantmaking	Colorado	501(c)(3)	Line 11a, Type II	Rose C Founda	ommunity tion	x	
		_							

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(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	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box	manag partn	l or Percentag ^{ing} ownershi r?
		country)		sections 512-514)			Yes	No		Yes	lo
	{										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont en	(i) ction (b)(13) trolled ntity?
		country)		or trusty		233013			No
]								

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Rose Foundation	В	248,978.	FMV
(2) Rose Foundation	с	862,345.	PMV
(3)			
(5)			
	67		

Schedule R (Form 990) 2016 Rose Community Foundation

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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)		2)	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (i org	all	Share of			opor-	Code V-UBI	General	Percentage
of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Dispr tior alloca	ate	amount in box 20	managin partner	ownership
-		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income		Yes	No		Yes N	- ·

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69	rm 900)
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